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Health Statistics Quarterly

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Office for National Statistics

Health Statistics Quarterly

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The Director of ONS is also the National Statistician.

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Contacts

This publication

For information about this publication, contact the editors:
Carol Summerfield
Madhavi Bajekal
tel: 020 7014 2389, email: hsq@ons.gsi.gov.uk

Other customer and media enquiries

ONS Customer Contact Centre
Tel: 0845 601 3034
International: +44 (0)845 601 3034
Minicom: 01633 812399
Email: info@statistics.gsi.gov.uk
Fax: 01633 652747
Post: Room 1015, Government Buildings,
Cardiff Road, Newport, South Wales NP10 8XG
www.statistics.gov.uk

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Office for National Statistics
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EC1R 1UW

in brief

Independence – ONS becomes a non-ministerial government department

On 1 April 2008, the Office for National Statistics (ONS) celebrated its newly independent status, following the biggest shake-up of the statistical system for more than half a century. At the highest level, ONS is no longer answerable to a minister in the Treasury but to the new UK Statistics Authority, chaired by Sir Michael Scholar, who will report directly to Parliament.

The National Statistician, Karen Dunnell, has become Chief Executive of the Authority. She sits on the Authority's board alongside Deputy Chairs Lord David Rowe-Beddoe (responsible for the governance of ONS) and Professor Adrian Smith (responsible for promoting and safeguarding official statistics across the UK) and fellow members Sir Alan Langlands, Professor Stephen Nickell, Moira Gibb, Professor David Rhind, Partha Dasgupta and Steve Newman.

One of the most immediate and noticeable changes to take effect on 1 April was the move of the General Register Office and National Health Service Central Register out of ONS to the Identity and Passport Service and NHS Information Centre, respectively. Their work requires ministerial input so does not sit well with the non-ministerial status of the UK Statistics Authority.

Another major change is to the way statistics will be assessed and quality assured. The Authority will conduct assessments on statistical outputs against its own Code of Practice, and then determine whether to designate them National Statistics. The process will be carried out by an assessment team working directly to the Authority, independent of statistical producers. The team will be led by a Head of Assessment who will also sit on the board. Current National Statistics will retain their status, and will be reassessed in due course.

To further underline statistical independence, privileged access to statistics before publication is likely to be considerably reduced for ministers. Fewer people will be granted access to figures and all privileged access will be restricted to a substantially reduced period before release. The Government has proposed a limit of 24 hours.

These changes present an opportunity to raise the profile and credibility of ONS, and the Government Statistical Service as a whole, with the public, the media and politicians, as well as increasing public trust in official statistics.

Expenditure on health care in the UK, 1997–2006

ONS has published an updated article describing the availability of estimates of expenditure on health care in the UK.

The article includes total UK health expenditure estimates for 1997–2002, which are the best estimates for making international comparisons. Also presented are estimates from the UK National Accounts for 1997–2006, which give an indication of how UK health care expenditure might have changed over time for more recent years.

Using the National Accounts series, in 2006, expenditure on health care in the UK was £109 billion, or 8.4 per cent of gross domestic product.

The article is available on the National Statistics website at: www.statistics.gov.uk/CCI/article.asp?ID=1988&Pos=&ColRank=1&Rank=224

Effects of problems with birth and death registration systems on ONS statistical outputs

As described in previous editions of *Health Statistics Quarterly*, problems with the introduction of the new registration on line system (RON) at register offices in England and Wales led to the temporary suspension of some ONS outputs that rely on the completeness of births and deaths registered between the end of March and the beginning of May 2007. Almost all outputs have now resumed, although the timetable for some is delayed. Statistical quality assurance and compilation processes have been completed for the March, June and September quarters 2007 for provisional outputs and are continuing for the full year statistics.

How this affects figures in *Health Statistics Quarterly*

Provisional births, deaths and childhood mortality figures for the quarter ending September 2007 for England and Wales, due in the spring 2008 edition of *Health Statistics Quarterly* are released in this edition. Annual figures for 2007 usually released in the summer edition are planned to be published in the autumn edition, as is the report 'Death registrations in England and Wales, 2007: causes'.

United Kingdom Health Statistics

ONS is publishing the third edition of *UK Health Statistics* on 9 June 2008. This publication provides a comparative picture of health services, public health and social care information across the countries of the UK for 2006 and 2007. Improvements have been made from previous publications so there is more harmonisation across the counties and additional tables have been added. These include immunisation against influenza in the elderly, self reported work-related illness and injury and drug treatment presentations. There is improved coverage of health service activity including waiting times, discharge rates and length of stay.

ONS, the NHS Information Centre for Health and Social Care and the UK health departments have worked closely together to provide UK data which have also been sent to international organisations such as the Organisation for Economic Co-operation and Development (OECD), Eurostat and WHO. The metadata for the figures provided for the annual OECD health report has been improved, and improved sources have been found for some sections. Synergies between international data requirements, the UKHS project and ongoing harmonisation work between the health administrations have contributed substantially to the new edition of UKHS.

Since 2007, the NHS Information Centre has fed back to health departments the UK data submitted to international organisations, disaggregated at the four-country level. Sharing data in this way, as well as potentially being informative for policy and management purposes, helps highlight areas where harmonisation of definitions or methodologies would be helpful, which should lead to more consistent UK-level data over time.

The print version of *UK Health Statistics* will be available from Palgrave Macmillan at www.palgrave.com/ons, ISBN 978-0-230-21096-7, price £50. A downloadable version will be available on the National Statistics website at: www.statistics.gov.uk/statbase/Product.asp?vlnk=6637

New statistics on infant mortality by ethnicity in England and Wales

In June 2008, ONS will publish for the first time, National Statistics on infant mortality by ethnicity for babies born in 2005, on the National Statistics website. In the past, ONS has published infant mortality statistics by mother's country of birth as information on ethnicity is not collected at birth or death registration. Information on ethnicity is now provided to ONS by the Central Issuing System that issues NHS numbers for babies born in England, Wales and Isle of Man. Further details will accompany the publication.

Health Statistics Quarterly: readers' views invited

As part of ONS's continual drive to maintain the quality of this journal, we are asking our readership if they would let us have any comments and suggestions to ensure that it remains fresh and pertinent. We welcome suggestions as to future scope and direction, while always endeavouring to maintain the high standards expected by our valued readership.

If you would like to give us your views, please contact us at:
hsq@ons.gsi.gov.uk

Readers are also reminded that we always welcome submission of papers from external colleagues that are appropriate to the scope of this journal.

Health indicators

England and Wales

Figure A Population change (mid-year to mid-year)

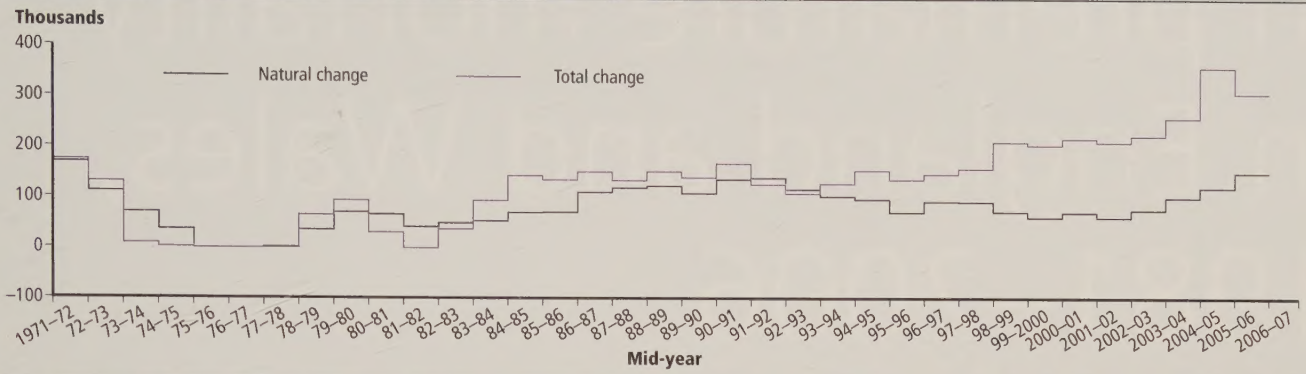


Figure B Age-standardised mortality rate[1]

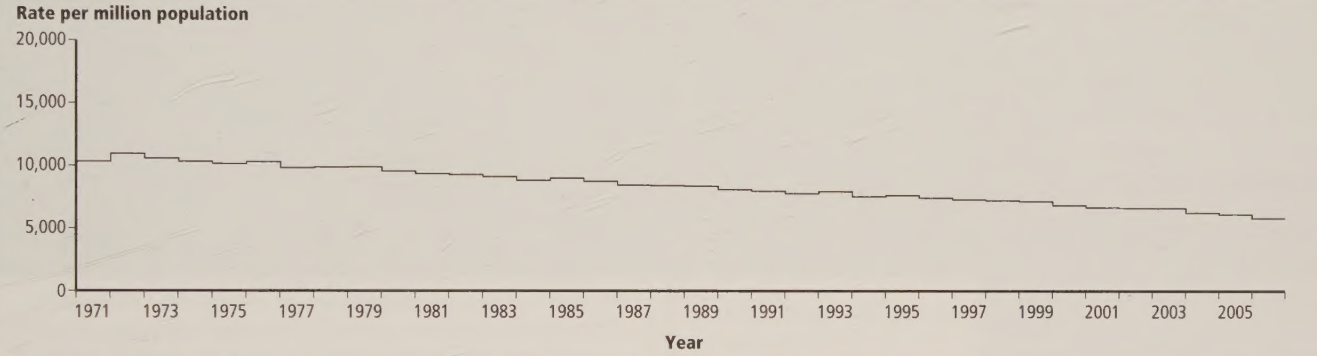


Figure C Infant mortality (under 1 year)

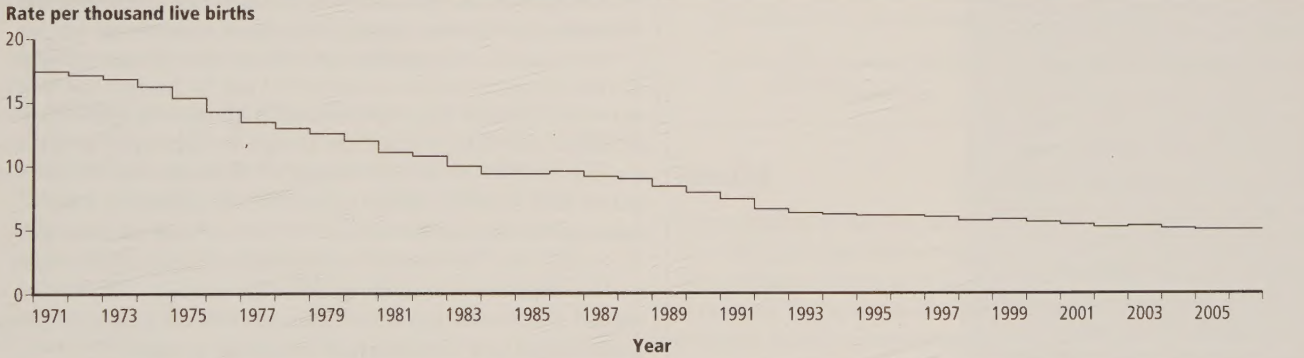
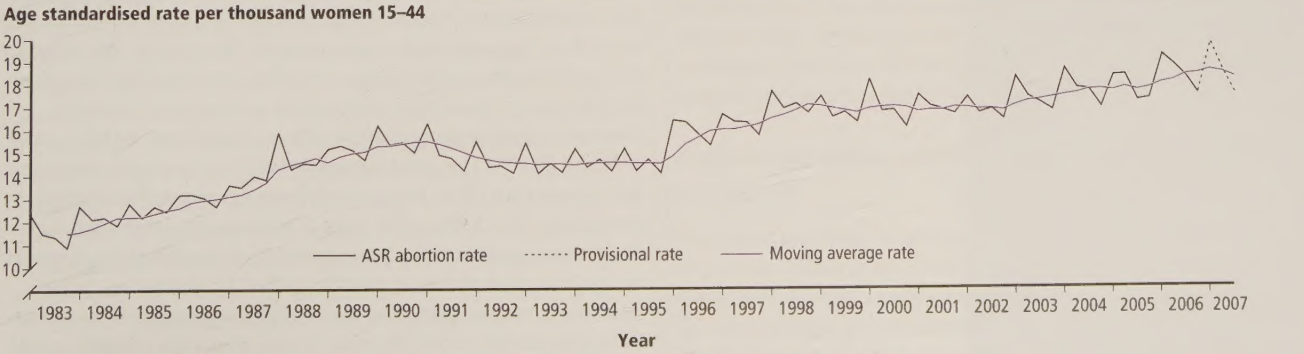


Figure D Age-standardised quarterly abortion rates – residents[2]



1 The age-standardised mortality rate for 2004 is based on mid-2004 population estimates published on 25 August 2005.

2 Rates for 2006 and March quarter 2007 are based on 2004 projected projections.

Geographical variations in premature mortality in England and Wales, 1981–2006

Claudia Wells and Emma Gordon
Office for National Statistics

Levels of premature mortality in England and Wales have declined markedly over time, with the probability of survival to age 75 increasing from 38 to 66 per cent for males, and from 54 to 77 per cent for females, between 1950 and 2004. To assess the application of this measure to monitor premature mortality in sub-national geographical areas, this article presents an analysis of the probability of survival at local authority level. Results for 1981–83 and 2004–06 are presented for Government Office Regions in England, Wales and local authorities in England and Wales. Significant differences in premature mortality are described within, and between, regions. Patterns of probability of survival to age 75 for local authorities are compared with other measures of mortality.

Introduction

Geographical inequalities in mortality within England and Wales are well documented and persistent, with the highest mortality rates largely concentrated in the same geographical areas as a century ago.[1, 2, 3] In Liverpool in 1841, life expectancy at birth for boys was approximately 25 years compared with an average of 40 years for England and Wales as a whole.[4] Despite large improvements in life expectancy in all parts of England and Wales over the 20th century, life expectancy at birth in Liverpool in 2004–06 was the lowest of all local authorities for females and the third lowest for males.[5] In 2004–06, life expectancy at birth ranged across local authorities from 70.5 to 83.1 years for males and 77.0 to 87.2 years for females.[5] Addressing such inequalities in health has been identified as a priority by recent governments, and one key target is to narrow the gap in life expectancy between a group of the most disadvantaged local authorities and the national average.[6]

The need to tackle the leading causes of early death, or premature mortality, has also been recognised as important. In the 1999 White Paper, *Saving Lives: Our Healthier Nation,* it was noted that 'too many people die too young from illnesses which are preventable'.[7] A review by the Office for National Statistics (ONS) in 2006 of methods for measuring premature mortality was followed by an article in *Health Statistics Quarterly* examining trends in premature mortality in England and Wales between 1950 and 2004.[8, 9] That article considered four approaches to measuring early deaths (Box One), using four different age thresholds to define prematurity: 70, 75, 80 and 85 years. It was suggested that a definition of premature mortality based on calculation of the probability of survival to age 75 would be the most valuable method for monitoring changes over time at national level. The choice of age was suggested by several factors, particularly a consideration of what proportion of deaths would

be included, or excluded, depending on the age threshold set, and that key government targets for reducing deaths from cancer and circulatory diseases focus on people under the age of 75.[7]

Premature mortality in England and Wales, so defined, declined markedly over time. Between 1950 and 2004, the probability of survival to age 75 increased from 38 to 66 per cent for males and from 54 to 77 per cent for females.[9] This article applies the suggested approach to describe variations in premature mortality at local authority level in two three-year time periods, 1981–83 and 2004–06. The results are also compared with selected other measures of mortality at the same geographical level.

Methods

Age-specific mortality rates by sex and five-year age groups were calculated for local authorities (local authority districts and unitary authorities) in England and Wales, and for Wales and Government Office Regions (GORs) in England for three-year rolling time periods between 1981–83 and 2004–06, based on deaths registered in each calendar year and published ONS mid-year population estimates.[10] The first time period was chosen because 1981 was the first year when the postcode of usual residence was available on electronic death registrations data; postcode was used to assign deaths in all years to local authority boundaries as at 2007 for consistency over time. Indicators of mortality, including life expectancy estimates, at local authority level are normally produced using three-year aggregates of deaths and populations to ensure sufficiently robust estimates for all areas. Two local authorities, the City of London and Isles of Scilly, were excluded because of their very small populations and numbers of deaths.

To compare premature mortality at local authority level, the age threshold used was 75 years for both sexes. The probability of survival to age 75 was calculated using standard abridged period life table functions, with corresponding 95 per cent confidence intervals, as developed by Chiang (Box Two).[11] The period life table approach assumes that all individuals in an area will experience the specified period's age-specific mortality rates throughout their lives. Results are comparable over time and between areas. Quintiles of the probability of survival at local authority level were constructed by arranging areas in order of descending probability of survival, with an approximately equal number of local areas in each fifth.

Probability of survival, and selected other measures of mortality available at local authority level, were compared using rank correlations and regression, with outliers identified as over two standard deviations away from the predicted rank. Life expectancy and infant mortality (deaths under one year of age per 1,000 live births) for local authorities in England and Wales are published annually by ONS.[5, 12] Premature mortality has been reported using potential years of life lost in many analyses, and is freely available to download, along with other indicators of mortality at local authority level for England, from the National Centre for Health Outcomes Development website.[13]

Box one

Approaches to measuring premature mortality

1. Proportions of premature deaths – The number of deaths under a selected age threshold, reported as a proportion of total deaths.

2. Directly age-standardised mortality rates – These make allowances for differences in the age structure of populations. The directly age-standardised rate for a particular population is that which would have occurred if its observed age-specific rates had applied in a given standard population. Mortality rates at ONS are normally standardised using the European Standard Population. This is a hypothetical population standard, which is the same for both males and females, allowing standardised rates to be compared over time, between sexes and with equivalent statistics for other European countries.

3. Potential years of life lost – A measure of mortality in which deaths at younger ages are weighted more heavily than deaths at older ages. Deaths are considered to be evenly distributed between birthdays, therefore each death is assumed to occur midway between birthdays. When considering age 75 to represent the threshold for premature death, a death at age 65 contributes 9.5 years to the total count of potential years of life lost, and a death at age 15 would contribute 59.5 years of life lost. The total years of life lost in a population is equal to the sum of years of life lost to all individuals who died prematurely. Potential years of life lost (PYLL) can also be expressed as age-standardised rates.

4. Probability of survival – Estimates of the likelihood of a person surviving between two ages can be derived from life tables. The probabilities of survival are based on the assumption that individuals would experience a specific period's age-specific mortality rates throughout their lives. The results are comparable over time and between areas and are presented as the probability of survival to an age threshold. Probability of survival from birth to age 75, for example, represents survival from age 0 to the end of age 74. The probability of survival is not a prediction of the future survival of those living in an area in a specified time period. This is because the death rates of an area are likely to change in the future and because many of those in the area will live elsewhere for at least some part of their lives. The probability of survival, therefore, gives a snapshot of the mortality within an area at a specified time.

Box two

Calculation of the probability of survival to a given age

Using standard life table notation, l_x is the number of people alive at exact age x.

$\frac{l_{x+n}}{l_x}$ is the probability of people surviving from their x^{th} birthday to their $(x+n)^{th}$ birthday, so l_{75} is the number of persons living at age 75.

The probability of survival to age 75 is calculated using:

$\frac{l_{75}}{l_0} = \frac{l_{75}}{100,000}$ where 100,000 is the arbitrary radix or standard base population.

Results

The probability of survival to age 75 for males and females for three-year rolling time periods between 1981–83 and 2004–06, with 95 per cent confidence intervals, for England and Wales as a whole, GORs in England, Wales, and local authorities in England and Wales, are presented in an Excel spreadsheet which can be downloaded from the National Statistics website.[28] This paper summarises the geographical patterns and changes over time found in those results. Figures on survival probabilities for individual areas have been presented to one decimal place in the downloadable spreadsheets and the tables and charts presented here. However, in the results below summarising the overall geographical patterns and trends over time, the survival probabilities quoted have been rounded to whole integers to ease readability.

England and Wales, and Government Office Regions in England

In England and Wales as a whole, a baby boy born in 1981–83 had a 47 per cent chance of surviving to age 75 based on the mortality rates of that period, while a baby girl had a 66 per cent chance. In 2004–06, the corresponding probabilities were 66 per cent for males and 77 per cent for females. Figure 1 shows the trend over time using three-year

rolling aggregates for the whole of the period 1981–83 to 2004–06. The probability of survival to age 75 increased by 19 percentage points for males and 11 percentage points for females over that period.

Regional differences in probability of survival followed a broadly similar pattern to most mortality indicators, with a clear north-south divide for both sexes (Figures 2 and 3). In 2004–06, the probability of survival to age 75 for males was highest in the South West at 70 per cent and lowest in the North East at 62 per cent. The highest probability of survival to age 75 for females was 80 per cent in the South West, and the lowest was 74 per cent in the North East. For both sexes, significantly higher probabilities of survival than the England and Wales average were also found in the South East and East of England, and significantly lower probabilities were also found in the North West, Yorkshire and The Humber and Wales.

The probability of survival in most regions increased for males by approximately 20 percentage points between 1981–83 and 2004–06. However, survival in the South East, East of England and London improved less than in other regions. In 1981–83, the probability of survival to age 75 for males in London was above the estimate for England and Wales as a whole, but by 2004–06 had dropped below the England and Wales average. For females, even though the North East, North West and Yorkshire and The Humber had the lowest estimates of survival to 75 in 2004–06, they showed the largest increases between 1981–83 and 2004–06 (over 11 percentage points).

Figure 1 Probability of survival to age 75, by sex, 1981–83 to 2004–06

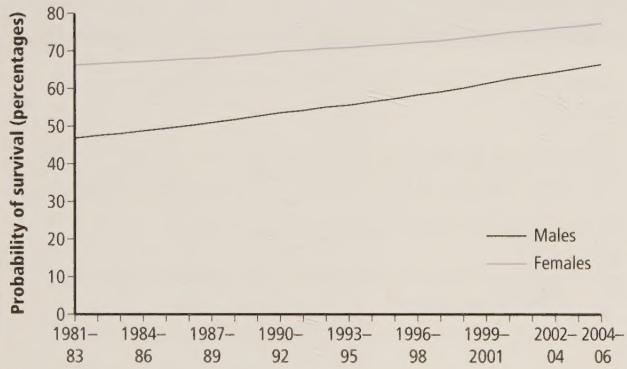


Figure 2 Probability of survival to age 75, males, 1981–83 and 2004–06

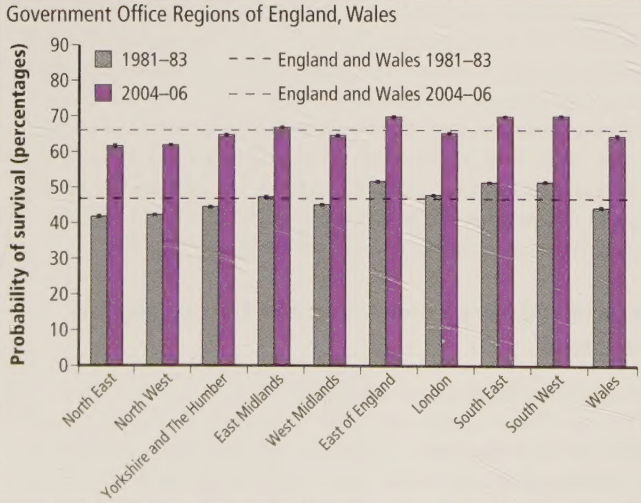
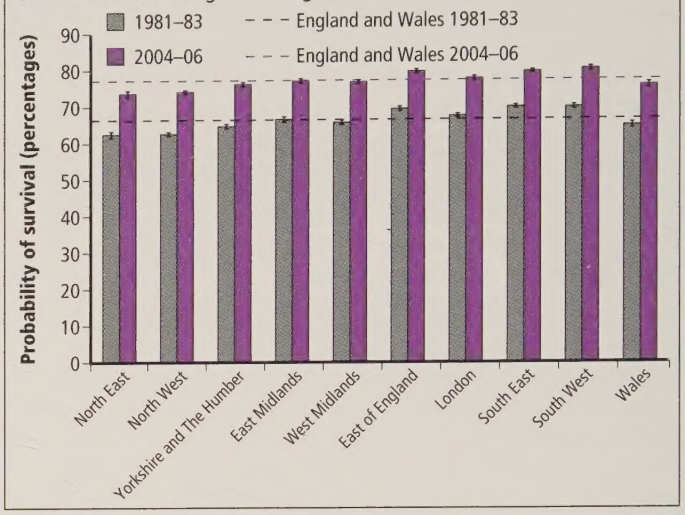


Figure 3 Probability of survival to age 75, females, 1981–83 and 2004–06



Robustness of local authority estimates for the probability of survival to age 75

Preliminary analysis showed that in 2004–06, on average, 94 per cent of the male population and 90 per cent of the female population in each local authority were aged below the survival threshold of 75 years. Deaths under age 75 accounted for 42 per cent of all male mortality, across all local authorities (ranging from 27 to 59 per cent). For females, the proportion of deaths under age 75 was smaller at 26 per cent (ranging from 16 to 38 per cent). In 2004–06, 95 per cent confidence limits for the probability of survival for males in Birmingham, the local authority with the largest population under 75, ranged from 59 to 60 per cent. The confidence limits for males in Teesdale, the local authority with the smallest population under 75, ranged from 64 to 72 per cent. Results for females gave confidence intervals with similar ranges. This was sufficient to allow local authorities with significant differences both across and within regions to be identified.

Local authorities – males

Table 1 shows the local authorities in England and Wales with the highest and lowest probabilities of survival to age 75 for males within each country and region. For local authorities in England and Wales in 2004–06, the highest probability of survival to age 75 was in East Dorset at 78 per cent, and the lowest was in Manchester at 52 per cent, a difference of 26 percentage points. The greatest difference between local authorities within a region was in the North West, where males living in South Lakeland had a probability of survival 21 percentage points higher than males living in Manchester (73 and 52 per cent respectively).

Between 1981–83 and 2004–06, the absolute gap between East Dorset and Manchester, the local authorities with the highest and lowest probabilities of survival to age 75 in both years, increased by a quarter. The chance that a baby boy born in East Dorset would survive to age 75 improved by 20 percentage points between 1981–83 and 2004–06, while the corresponding figure for a boy born in Manchester improved by only 15 percentage points. The gap between local authorities within regions also increased over time in all regions except the North East. Across regions there was more variation in the local authorities with the lowest probabilities of survival in each region than in those with the highest probabilities in each region. For males in 2004–06, there were 12 percentage points between Manchester in the North West region and Plymouth in the South West, and 6 percentage points between Berwick-upon-Tweed in the North East and East Dorset in the South West.

Table 1 Local areas with the highest and lowest probabilities of survival to age 75, within country and region, males, 1981–83 and 2004–06

England and Wales

Percentages

1981–83	Lowest				Highest			
Area	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit
North East	Middlesbrough	38.2	36.4	40.0	Alnwick	53.0	49.0	56.9
North West	Manchester	37.1	36.2	38.0	South Lakeland	50.9	48.7	53.1
Yorkshire and The Humber	Wakefield	40.5	39.3	41.7	Hambleton	50.6	48.0	53.1
East Midlands	Nottingham	42.1	40.9	43.4	Daventry	54.1	50.9	57.3
West Midlands	Stoke-on-Trent	38.3	37.0	39.6	South Shropshire	52.6	49.1	56.2
East of England	Colchester	47.2	45.2	49.3	South Cambridgeshire	56.9	54.6	59.3
London	Tower Hamlets	40.0	38.4	41.7	Harrow	53.7	52.1	55.3
South East	Dartford	44.6	42.2	47.1	Wokingham	56.6	54.1	59.2
South West	Exeter	46.6	44.4	48.8	East Dorset	57.8	55.5	60.2
Wales	Merthyr Tydfil	39.1	36.5	41.7	Monmouthshire	49.2	46.7	51.8
England	Manchester	37.1	36.2	38.0	East Dorset	57.8	55.5	60.2
England and Wales	Manchester	37.1	36.2	38.0	East Dorset	57.8	55.5	60.2
2004–06	Lowest				Highest			
Area	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit
North East	Hartlepool	57.1	54.8	59.5	Berwick-upon-Tweed	71.9	68.2	75.6
North West	Manchester	51.7	50.5	52.9	South Lakeland	72.5	70.6	74.5
Yorkshire and The Humber	Kingston upon Hull, City of	59.2	57.7	60.6	Hambleton	73.2	71.0	75.3
East Midlands	Corby	55.6	52.4	58.8	Rutland	75.5	72.3	78.8
West Midlands	Sandwell	57.1	55.7	58.4	South Shropshire	73.5	70.6	76.3
East of England	Luton	63.3	61.6	65.1	South Norfolk	76.0	74.2	77.8
London	Tower Hamlets	54.4	52.3	56.5	Kensington and Chelsea	74.2	72.3	76.1
South East	Portsmouth	61.5	59.7	63.3	Horsham	75.5	73.6	77.4
South West	Plymouth	63.7	62.3	65.2	East Dorset	78.1	76.2	80.0
Wales	Blaenau Gwent	59.6	56.9	62.2	Ceredigion	70.6	68.3	73.0
England	Manchester	51.7	50.5	52.9	East Dorset	78.1	76.2	80.0
England and Wales	Manchester	51.7	50.5	52.9	East Dorset	78.1	76.2	80.0

Maps 1 and 2 show the probabilities of survival to age 75 for males in 1981–83 and 2004–06 respectively, divided into quintiles. Quintile 1 (lightest colour) has the highest probability of survival, and quintile 5 (darkest colour) has the lowest probability. Each quintile had an average probability of survival to age 75 that was significantly different from all other quintiles (Table 2). In 1981–83 the North West, West Midlands, Yorkshire and The Humber, and Wales had no local authorities in the highest quintile. The East Midlands and London were the only regions which contained local authorities in all five quintiles.

In 2004–06, relative improvements can be seen in the probability of survival to age 75 for males in local authorities in the North East, North West, Yorkshire and The Humber and Wales. The number of local authorities in the North East which were in the lowest quintile fell from 18 to 15 (out of 23) between 1981–83 and 2004–06. The number of local authorities in the lowest quintile fell in the North West, from 26 to 21 (out of 43) and in Wales from nine to five (out of 22). In contrast, more local authorities in the East Midlands, West Midlands, the South East and London were in the lowest quintile in 2004–06 than in 1981–83. The number of local authorities in London which were in the lowest quintile for survival to age 75 rose from 7 to 13 (out of 32) over this period.

Table 2 Probability of survival to age 75, by sex and quintile, 1981–83 and 2004–06

England and Wales

Percentages

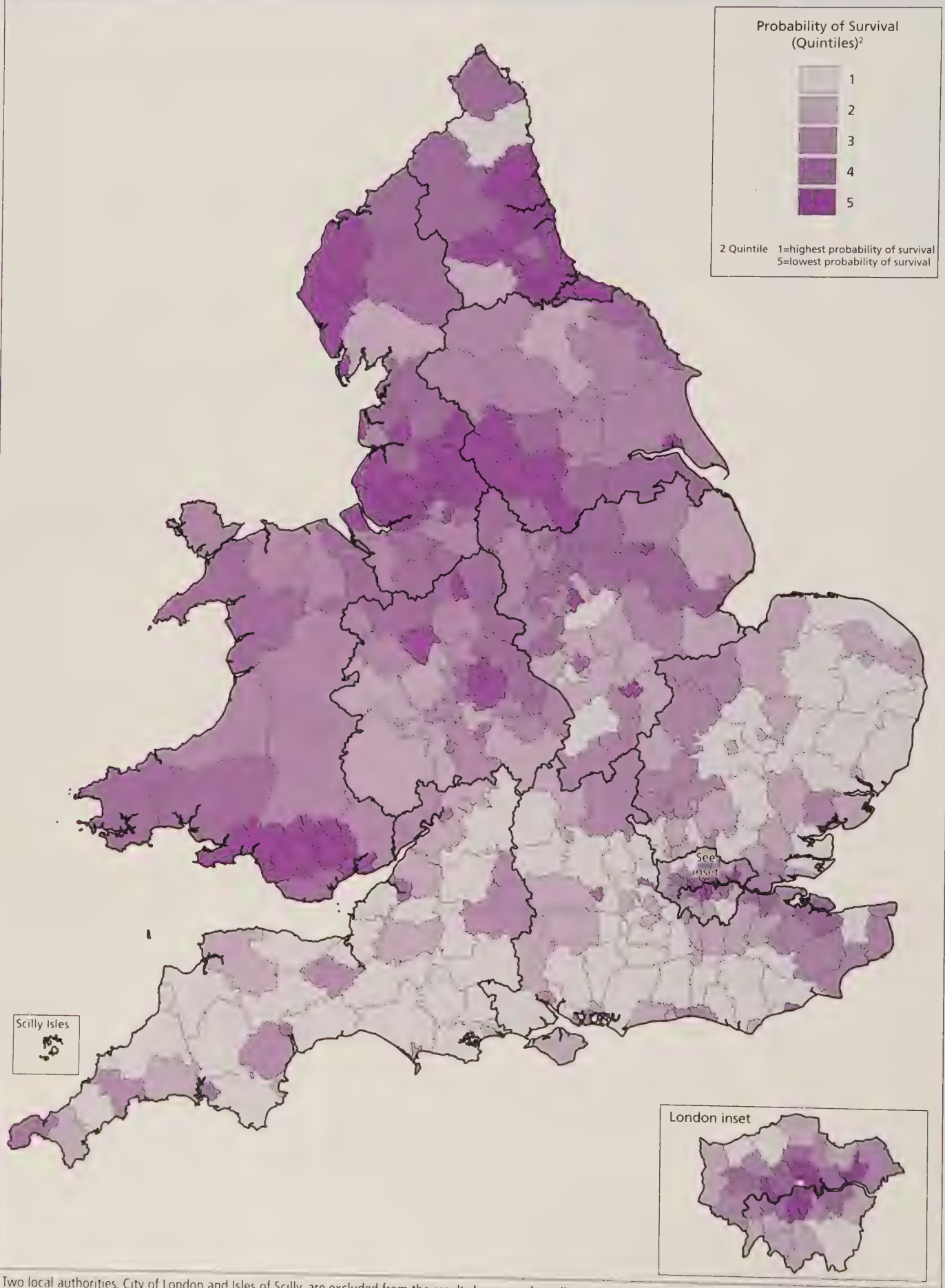
Quintile[1]	Males			Females		
	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit
1981–83						
1	54.1	53.9	54.4	71.5	71.3	71.7
2	51.5	51.2	51.7	69.5	69.3	69.7
3	48.8	48.5	49.0	67.6	67.4	67.8
4	45.4	45.2	45.6	65.2	65.0	65.4
5	41.5	41.3	41.7	62.1	61.9	62.3
2004–06						
1	73.0	72.8	73.2	81.9	81.7	82.1
2	70.3	70.1	70.6	80.0	79.8	80.2
3	68.2	68.0	68.4	78.3	78.1	78.5
4	64.7	64.5	64.9	76.2	76.1	76.4
5	60.0	59.8	60.2	72.8	72.6	72.9

1 1 = highest probability of survival, 5 = lowest probability of survival.

Local authorities – females

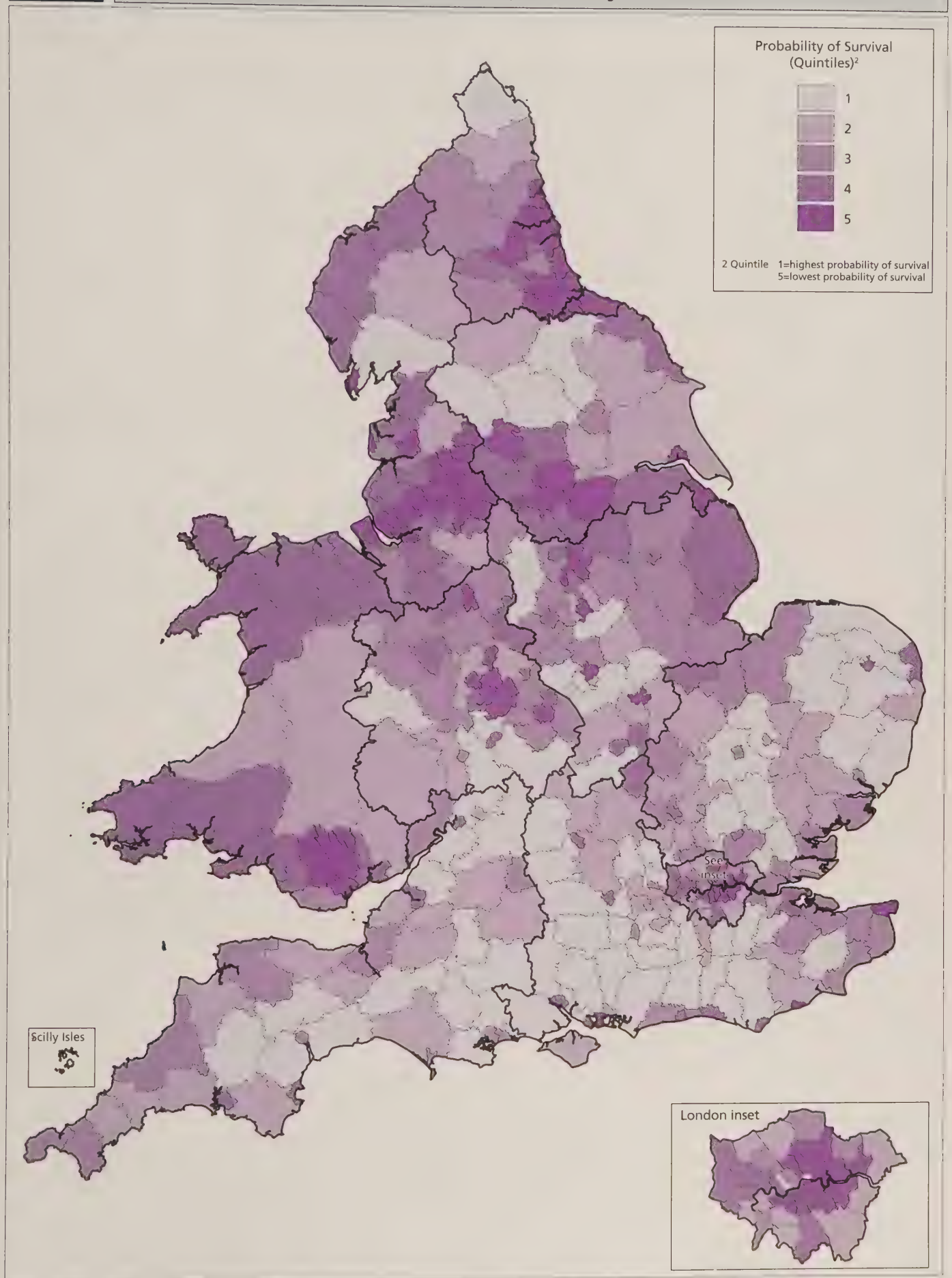
For females in 2004–06 at local authority level, the probability of survival to age 75 was highest in East Dorset at 86 per cent and lowest in Blaenau Gwent at 67 per cent, a difference of 18 percentage points (Table 3). The region containing the greatest variation between local authorities in probability of survival was the North West. A female in Eden local authority had a chance of surviving to age 75 that was 16 percentage points higher than a female in Manchester (84 and 68 per cent respectively). There were also large within-region differences between local authorities in London and the East Midlands, where there were 13 percentage points between the local authorities with the highest and lowest probabilities of survival.

Map 1 Probability of survival to age 75 for males by local authority,[1] 1981–83, England and Wales



1 Two local authorities, City of London and Isles of Scilly, are excluded from the results because of small populations and small numbers of deaths.

Map 2 Probability of survival to age 75 for males by local authority,[1] 2004–06, England and Wales



1 Two local authorities, City of London and Isles of Scilly, are excluded from the results because of small populations and small numbers of deaths.

Table 3 Local areas with the highest and lowest probabilities of survival to age 75, within country and region, females, 1981–83 and 2004–06

England and Wales

Percentages

1981-83	Lowest				Highest			
Area	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95 % confidence limit
North East	Sedgefield	59.5	57.2	61.8	Teesdale	69.8	65.8	73.8
North West	Burnley	57.8	55.7	60.0	Macclesfield	69.6	67.9	71.2
Yorkshire and The Humber	Wakefield	62.3	61.1	63.6	Harrogate	70.1	68.4	71.8
East Midlands	Corby	62.9	59.6	66.1	Oadby & Wigston	72.1	69.1	75.1
West Midlands	Stoke-on-Trent	60.2	58.9	61.5	Solihull	70.4	68.8	71.9
East of England	Brentwood	64.5	61.9	67.1	North Norfolk	73.8	71.9	75.8
London	Tower Hamlets	63.0	61.3	64.8	Kingston upon Thames	71.3	69.7	73.0
South East	Dartford	61.7	59.2	64.1	Crawley	74.5	72.1	76.9
South West	Swindon	65.9	64.0	67.7	East Dorset	73.3	71.2	75.4
Wales	Merthyr Tydfil	59.0	56.3	61.6	Isle of Anglesey	68.9	66.4	71.4
England	Burnley	57.8	55.7	60.0	Crawley	74.5	72.1	76.9
England and Wales	Burnley	57.8	55.7	60.0	Crawley	74.5	72.1	76.9

2004-06	Lowest				Highest			
Area	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95% confidence limit	Local authority	Probability of survival	Lower 95% confidence limit	Upper 95 % confidence limit
North East	Hartlepool	69.7	67.6	71.9	Berwick-upon-Tweed	81.9	78.8	85.1
North West	Manchester	68.0	66.8	69.2	Eden	84.1	81.8	86.4
Yorkshire and The Humber	Kingston upon Hull, City of	70.2	68.8	71.6	Craven	82.0	79.7	84.3
East Midlands	Lincoln	71.1	68.7	73.5	Rutland	84.3	81.4	87.1
West Midlands	Stoke-on-Trent	72.1	70.8	73.5	South Shropshire	82.4	79.9	84.9
East of England	Luton	74.3	72.6	76.0	South Cambridgeshire	84.5	82.9	86.0
London	Newham	71.8	70.0	73.5	Kensington and Chelsea	85.2	83.7	86.6
South East	Thanet	74.8	73.1	76.5	Fareham	83.1	81.4	84.7
South West	Bristol, City of	75.7	74.6	76.9	East Dorset	85.5	83.9	87.2
Wales	Blaenau Gwent	67.4	64.9	70.0	Monmouthshire	80.9	79.0	82.8
England	Manchester	68.0	66.8	69.2	East Dorset	85.5	83.9	87.2
England and Wales	Blaenau Gwent	67.4	64.9	70.0	East Dorset	85.5	83.9	87.2

Between 1981–83 and 2004–06, the gap between the local authorities with the highest and lowest probabilities of survival for females in England and Wales increased slightly from 17 to 18 percentage points, but the local authorities with the highest and lowest probabilities of survival did not remain the same throughout the period. Within regions, the gap widened most in London, by 5 percentage points, across the time period. The South East was the only region where the gap narrowed between the local authorities with the highest and lowest probabilities of survival, by 5 percentage points, between 1981–83 and 2004–06.

Maps 3 and 4 show the probabilities of survival to age 75 for females in 1981–83 and 2004–06 respectively, divided into quintiles. The overall geographical patterns were similar to those for males. The majority of areas with the lowest probabilities of survival in 1981–83 were in the north of England, with 20 (out of 23) local authorities in the North East and 26 (out of 43) in the North West in the lowest quintile. There were also many areas with low female probabilities of survival in Wales, where 17 (out of 22) local authorities were in the lowest two quintiles. The South East and South West had the largest number of areas in the highest quintile for survival to age 75.

The greatest relative improvement in the probability of survival to age 75 for females between 1981–83 and 2004–06 was in Yorkshire and The Humber. In 1981–83, this region had no local authorities in the highest quintile; in 2004–06 this had increased to four (out of 21). Large improvements were also seen in the North East and North West. In London there was a small increase in the number of local authorities with the highest probabilities of survival to age 75, but there was also a large increase in the number of areas in London with low probabilities of survival compared to 1981–83. By 2004–06, the number of London boroughs in the lowest quintile had doubled from five to ten (out of 32).

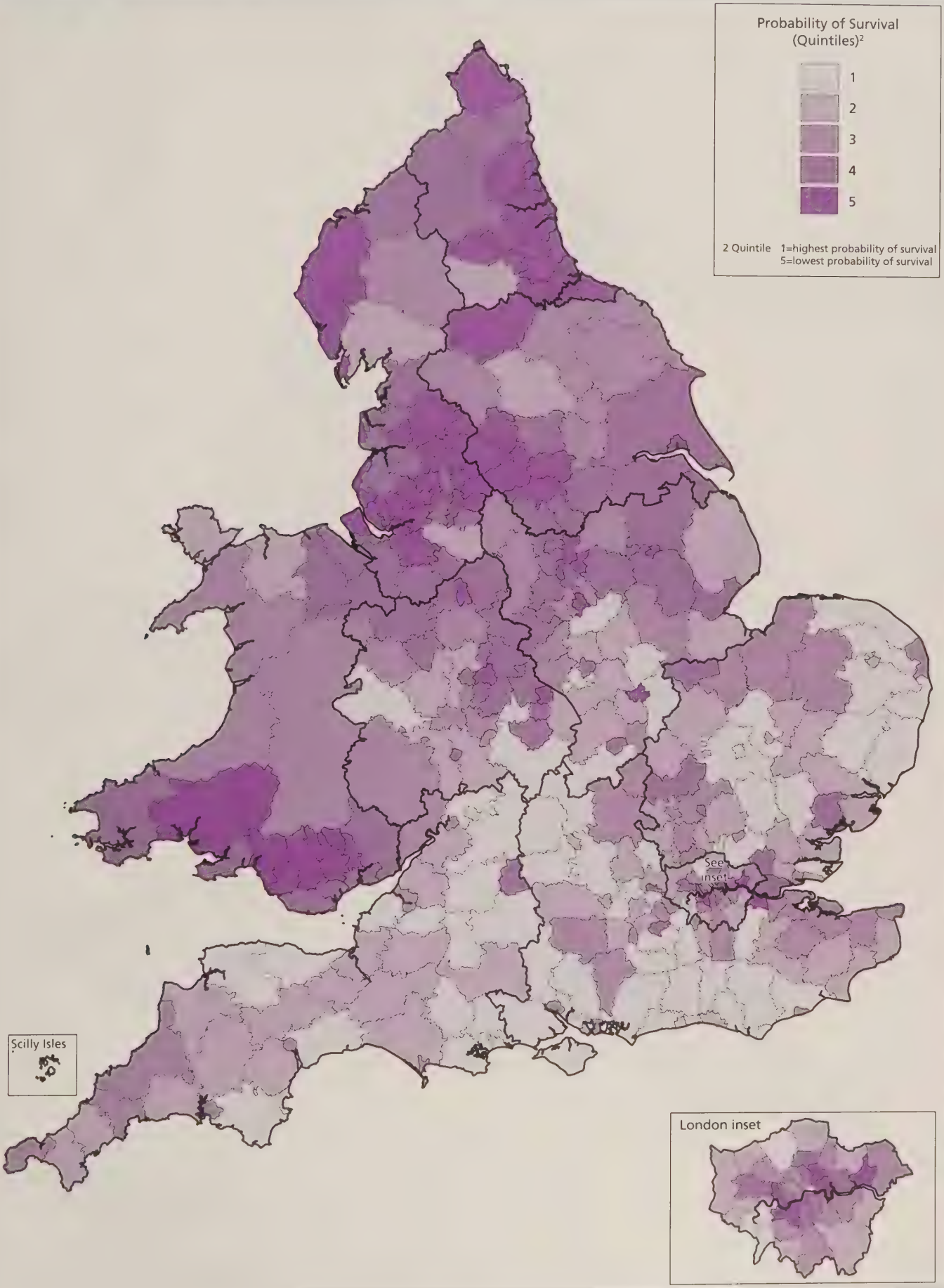
Comparison with other selected indicators of mortality

The overall ranking of local authorities within England and Wales by probability of survival in 2004–06 correlated closely with their corresponding rankings on life expectancy at birth, directly age-standardised mortality rates under age 75, and standardised potential years of life lost (SYLLs) from all cause mortality under age 75, for both sexes (Table 4). The strongest rank correlations were for life expectancy and directly age standardised rates in males. For all the measures, the rank correlation with probability of survival for females was lower than that for males.

In contrast, rank correlation with infant mortality rates was low, 0.26 for males and 0.23 for females. While a higher infant mortality rate did indicate a lower probability of survival, many areas had higher or lower probabilities of survival than might be expected based on corresponding infant mortality rates. Several local authorities in the Midlands, the East of England, the South West and South East had relatively high infant mortality rates compared with the rest of England and Wales, while their estimates of the probability of survival to age 75 also were relatively high. Conversely, several areas in the North East and North West of England had lower than expected infant mortality rates but also low estimates for the probability of survival to age 75.

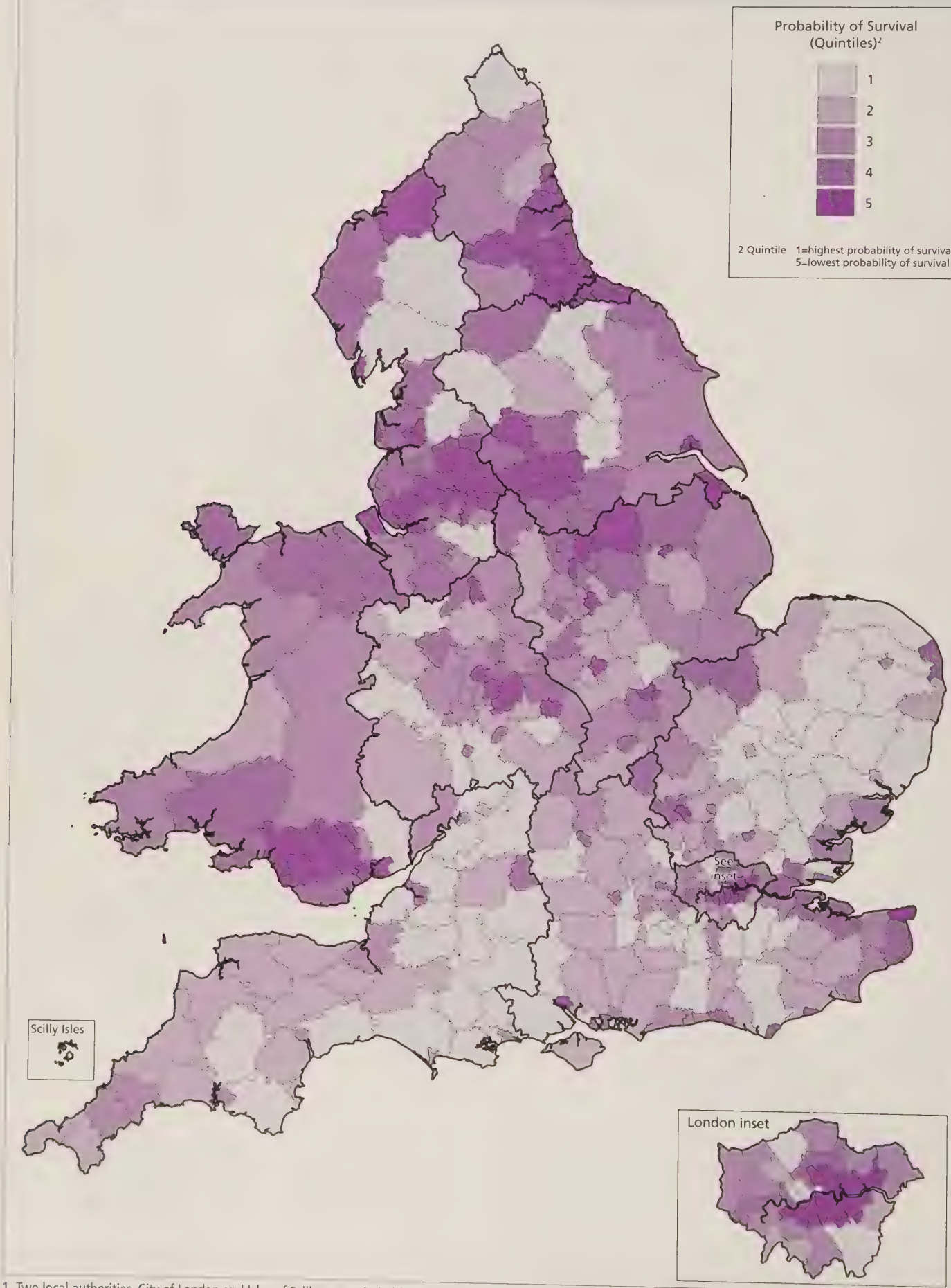
Despite the high correlation between life expectancy at birth and probability of survival to age 75 for males, 20 local authorities were statistically significant outliers, with either higher life expectancy

Map 3 Probability of survival to age 75 for females by local authority,[1] 1981–83, England and Wales



1 Two local authorities, City of London and Isles of Scilly, are excluded from the results because of small populations and small numbers of deaths.

Map 4 Probability of survival to age 75 for females by local authority,[1] 2004–06, England and Wales



1 Two local authorities, City of London and Isles of Scilly, are excluded from the results because of small populations and small numbers of deaths.

Table 4 Rank Correlation between the probability of survival to age 75 and other available mortality indicators at local area level, 2004–06

England and Wales

	Adjusted R-Squared Value	
	Males	Females
Standardised years of life lost under 75	0.85	0.79
Directly age-standardised rates under 75	0.91	0.86
Infant mortality	0.26	0.23
Life expectancy at birth	0.93	0.86

estimates than would be expected when compared to the probability of survival or vice versa (Table 5). Over half of these authorities were in the South East, South West and London, while only two were in the north of England and none were in Wales. There were 12 areas with a higher than expected life expectancy result compared with the probability of survival: these areas all had higher mortality rates in the age bands below 75 years, and lower mortality rates in the age bands above 75 years, compared with other areas with similar life expectancy at birth.

For females, 16 local authorities were significant outliers when probabilities of survival to age 75 and life expectancy at birth were compared (Table 6). None of these authorities were in the north of England or Wales; they were concentrated in London and the south of England. Ten of these areas had higher than expected life expectancy results compared with the probability of survival to age 75.

Figures 4 and 5 illustrate the relationship between the ranking within England and Wales in 2004–06 of life expectancy at birth and probability of survival to age 75 for males and females respectively. Local authorities which were statistically significant outliers are highlighted.

Discussion

The overall geographical patterns in premature mortality at region and local authority levels are broadly similar to those seen in other measures of mortality and longevity. This similarity is emphasised by the high rank correlations at local authority level between probability of survival to age 75 and life expectancy, SYLLs and age-standardised mortality rates, and is unsurprising given the close connections between the data and methods used to calculate all four measures. However, particular features of the patterns and trends seen in premature mortality are potentially important.

Overall changes over time

The marked improvements in the probability of survival in all regions and local authorities in England and Wales between 1981–83 and 2004–06,

Figure 4 Life expectancy at birth rank and probability of survival to age 75 rank, males, 2004–06

England and Wales

Table 5 Local authorities with significantly different ranks of life expectancy at birth and the probability to survival to age 75, males, 2004–06[1]

England and Wales

Local authority	Region	Life expectancy at birth (years)	Life expectancy rank	Probability of survival (percentage)	Probability of survival rank
Higher life expectancy rank than probability of survival rank					
Westminster	London	80.2	8	68.5	176
Hammersmith and Fulham	London	78.0	161	63.3	290
Crawley	South East	80.0	16	70.4	110
Kingston upon Thames	London	79.0	73	68.9	157
Tamworth	West Midlands	78.1	160	65.9	236
High Peak	East Midlands	78.4	129	67.2	205
Richmond upon Thames	London	79.4	43	70.3	113
Camden	London	76.4	281	59.4	348
Ealing	London	77.7	187	65.3	251
Epsom and Ewell	South East	79.7	29	70.9	92
Bath and North East Somerset	South West	79.4	44	70.6	106
Rushmoor	South East	78.5	122	68.1	182
Lower life expectancy rank than probability of survival rank					
North Norfolk	East of England	78.0	165	72.0	57
Kettering	East Midlands	77.3	232	69.9	130
Mendip	South West	78.1	158	71.2	80
Oadby and Wigston	East Midlands	78.2	147	71.3	78
Teesdale	North East	76.7	268	67.6	199
South Staffordshire	West Midlands	77.5	212	69.3	144
Stratford-on-Avon	West Midlands	78.6	117	72.3	50
West Lancashire	North West	76.4	286	66.3	227

1 Figures for probabilities of survival and life expectancy at birth presented to 1 decimal place. Rankings reflect differences in unrounded numbers: 1 = Highest, 374 = Lowest.

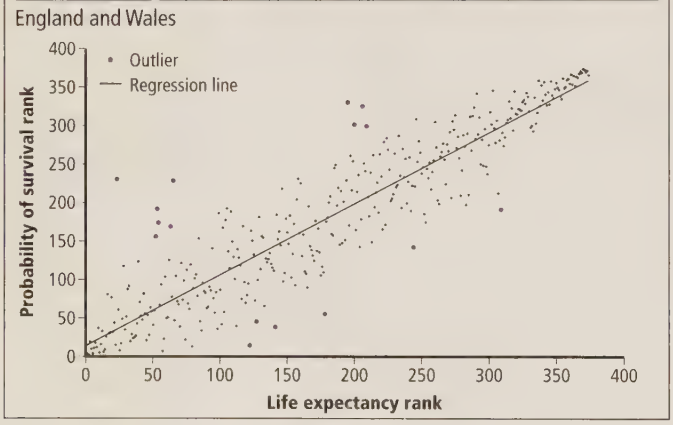
Table 6 Local authorities with significantly different ranks of life expectancy at birth and the probability to survival to age 75, females, 2004-06[1]

England and Wales

Local authority	Region	Life expectancy at birth (years)	Life expectancy rank	Probability of survival (percentage)	Probability of survival rank
Higher life expectancy rank than probability of survival rank					
Hammersmith and Fulham	London	83.5	23	77.1	230
Harlow	East of England	83.0	62	77.2	228
Hackney	London	81.7	194	73.5	330
Merton	London	83.1	56	78.2	191
Southwark	London	81.6	207	73.9	325
Richmond upon Thames	London	83.1	54	78.8	173
Southampton	South East	81.7	196	75.0	301
Exeter	South West	83.0	65	78.9	168
Portsmouth	South East	81.6	209	75.1	299
Harrow	London	83.1	55	79.2	155
Lower life expectancy rank than probability of survival rank					
Malvern Hills	West Midlands	82.0	176	81.3	54
Broadland	East of England	82.5	121	82.8	13
Tamworth	West Midlands	80.5	306	78.2	190
Breckland	East of England	82.3	138	81.5	37
Bromsgrove	West Midlands	81.3	244	79.5	141
Stroud	South West	82.4	132	81.4	44

1 Figures for probabilities of survival and life expectancy at birth presented to 1 decimal place. Rankings reflect differences in unrounded numbers: 1 = Highest, 374 = Lowest.

Figure 5 Life expectancy at birth rank and probability of survival to age 75 rank, females, 2004–06



for both sexes, are comparable to the corresponding increases in life expectancy at birth. Improvements in life expectancy are likely to be due to declining infant mortality and falling mortality rates at most ages.[14] Probability of survival is also affected by these improvements, but not by increases in the longevity of men and women over the age threshold of 75 years. Thus, changes in premature mortality have been particularly influenced by falling cause-specific death rates, for example, from circulatory diseases in the 45–64 age group, which dropped by two-thirds between 1979 and 2003 in the UK.[14]Almost half of all deaths in young adult men are also from causes which are thought to be 'avoidable'.[15] A reduction in mortality from 'avoidable' causes would therefore have a potentially larger effect on premature mortality than on life expectancy.

Geographical patterns and change over time

While the probability of survival increased over time in all areas of England and Wales, it did not increase in all regions equally. Analysis of the probability of survival at regional and local authority level highlighted a familiar north-south divide in levels of mortality in England and Wales that has been well documented.[1, 2, 5, 6, 7] Larger improvements in the probability of survival were seen in the North West, North East and Yorkshire and The Humber for both sexes; however these were all areas with relatively low probabilities of survival at the beginning of the period.

Typically, urban areas in the north of England have had higher than average mortality rates from several causes, such as lung cancer, stroke and heart disease, associated with the higher prevalence of smoking in these areas.[16] These higher rates are in causes that can particularly affect a greater proportion of people under 75 and are therefore likely to contribute to the observed north-south differences in premature mortality.[17, 18] Improvements in mortality rates from these causes of death could also be why areas in the north of England have shown the greatest improvements in premature mortality.[14]

The probability of survival to age 75 for males in London did not keep pace with the overall improvement in England and Wales. London contains areas with both very high and very low rates of mortality. Several areas in East Inner London have significantly higher mortality rates from stroke and ischaemic heart disease than in Great Britain as a whole.[2] One possible reason is the increasingly high proportion of ethnic minority groups in London in comparison to the rest of England and Wales.[19, 20] While analysis of mortality by ethnic group is problematic – as there is no record of ethnicity on the death certificate – analyses of mortality by country of birth show that people born in the Indian sub-continent have higher mortality rates from ischaemic heart disease and cerebrovascular disease than the national average for England and Wales, while men from Bangladesh, the Middle East and the West Indies have raised rates of mortality from lung cancer.[21, 22]

Comparison with other measures

The probability of survival for both sexes was found to have a broadly similar geographical distribution to other commonly used indicators of mortality, but this association was greater for males than for females. This difference may be simply because the proportion of deaths included in the definition of premature mortality was larger for males than for females.

The rank correlation with infant mortality was the weakest out of the four measures compared. Because the numbers of infant deaths in recent years are very small at local authority level, much of the geographical variation found in that measure is relatively random from year to year, in comparison to the well-established patterns in adult mortality.

Probabilities of survival for both sexes were very similar to SYLLs from all cause mortality. However, the 'potential years of life lost' measure has been criticised for being easy to manipulate depending on the age ranges chosen and not being easy to comprehend.[23] In contrast, the probability of survival could be considered to be less abstract and easier to interpret.

Comparing the ranking of local authorities for life expectancy at birth and the probability of survival allowed significant outliers to be identified. In particular, this analysis highlighted a number of local authorities in London and the south of England which had higher than average mortality rates at younger ages, but lower than average mortality rates in older age groups. A possible contribution to this could be movement out of London of people who are reaching retirement age or who have become ill, therefore increasing the average life expectancy at birth in London.[24] A further possible explanation could be that London has a very heterogeneous population, with relatively affluent areas with low mortality rates at older ages masking relatively deprived areas with large numbers of people dying under age 75.

This analysis also identified outliers where only mortality rates for those aged 75 and over were higher than average and not those for younger ages. These areas have lower life expectancy than would be expected considering the probability of survival to age 75 results. Such differences are masked when only considering life expectancy at birth or mortality rates for all ages combined, but are highlighted when the probability of survival to age 75 results are compared with these measures.

There is conflicting evidence on the effect of migrants on geographical inequalities in health.[25, 26] The level of migration and changes to the population composition of areas could affect the observed levels of premature mortality in a number of ways. Firstly, there is evidence that first generation migrants tend to be healthier than the general population, which suggests a positive effect on both life expectancy and the probability of survival to age 75.[25] However, the effect on premature mortality would depend on the age structure of the migrant population of an area, as well as the sources of migration.[26] Secondly, high levels of migration make reliable estimation of the resident population difficult and the effects of this are difficult to quantify, although there are indications that the tendency is to underestimate populations for some age bands, primarily at younger ages.[27]

Conclusions

Analysis of premature mortality, based on the probability of survival to age 75, gives broadly similar findings to other measures of mortality in terms of geographical patterns. However, comparisons at local authority level between premature mortality and other measures revealed unusual patterns of mortality in some areas which have not previously been highlighted. Changes over time in premature mortality are also unlikely to be identical to trends in other measures for the equivalent periods, and may have potential to throw additional light on changes in population characteristics and mortality experience at local level.

Earlier analysis at ONS had demonstrated that probabilities of survival gave striking illustrations of how levels of premature mortality differed between the sexes and had changed over time.[9] It was noted that they could offer an easily comprehensible way of reporting inequalities in mortality. This has been demonstrated in this article where it has been shown, for example, that in 2004–06 males in Manchester had a 52 per cent chance of surviving to age 75, while males in East Dorset had a 78 per cent chance. It has also been shown that the probability of survival to age 75 is a robust measure of premature mortality at local authority level in England and Wales.

The analysis illustrates that while there was substantial improvement between 1981–83 and 2004–06 in premature mortality in all areas of England and Wales, there are still considerable geographical variations. While these differences are likely to have similar underlying causes to the well-established patterns in life expectancy and other measures, further research is needed to describe inequalities in premature mortality specifically – particularly in relation to those causes of death which are most important in early adulthood and middle age.

Key findings

- Marked improvements in the probability of survival to age 75 were seen in all regions and local authorities in England and Wales, for both sexes, between 1981–83 and 2004–06
- Males living in Manchester had the lowest chance of survival to age 75 in 2004–06 at 52 per cent, while males in East Dorset had the highest at 78 per cent
- Females in Blaenau Gwent had the lowest chance of survival to age 75 in 2004–06 at 67 per cent, and those in East Dorset had the highest at 86 per cent
- The gap between local authorities with the highest and lowest probabilities of survival increased by 6 percentage points for males (from 21 to 26) and 1 percentage point for females (from 17 to 18) between 1981–83 and 2004–06
- In 2004–06 there were significant differences between the rankings of probability of survival and of life expectancy at birth for several local authorities in London and the south of England. This measure therefore allows the identification of areas with unusual age-specific patterns of mortality, which require further investigation

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Social inequalities in male mortality for selected causes of death by the National Statistics Socio-economic Classification, England and Wales, 2001–03

Chris White, Grace Edgar and Veronique Siegler
Office for National Statistics

This article reports social inequalities in mortality in selected causes of death for men aged 25-64 years in England and Wales in 2001–03. It is the first compilation of mortality statistics in causes of death by the final version of the National Statistics Socio-economic Classification, which was introduced into death registrations in 2001. These results follow-up the all cause analyses reported previously using similar methods, and provide insights into the impacts of different social and occupational circumstances on selected causes of death.

Introduction

This article describes social inequalities in mortality for men aged 25–64 by selected causes of death in England and Wales in the period 2001–03. It is based on methods reported in a previous article, which refined the analysis of all-cause male mortality using unlinked records with complementary analyses of linked records.[1]

This analysis establishes a benchmark to measure inequalities in mortality for selected causes of death by the National Statistics Socio-economic Classification (NS-SEC), and provides insight into the contribution of these causes to the all-cause mortality pattern.

This current analysis focuses on differences between the NS-SEC classes in 2001–03, rather than changes over time in cause-specific patterns of mortality. Comparisons with previous time periods are difficult because both the social classification and the classification of causes of death changed in 2001, the former from the Registrar General's Social Class (RGSC) to NS-SEC, and the latter from the Ninth Revision of the International Classification of Diseases (ICD–9) to the Tenth Revision (ICD–10). A future article will examine change in the distribution of causes of death by socio-economic position since 1991–93, using findings from the bridge coding study conducted by the Office for National Statistics (ONS) to take account of changes between ICD–9 and ICD–10.[2]

Background

Historically, the measurement of social differences in the relative life chances of sections of the population in the United Kingdom has relied on the RGSC, based on occupation and employment status. Significant

variations in cause-specific mortality by RGSC were found consistently in the health inequalities literature during the 20th century, particularly among men of working age.[3, 4, 5, 6, 7, 8, 9, 10]

Since the influential report on inequalities in health by Sir Douglas Black in 1980[11] several analyses have examined trends in differences in mortality by RGSC. Their findings point to reductions in mortality risk across all social classes in most causes of death, but the rate of decrease was sharper among professionals and managers.[3, 9, 10] The disparity in the rate of improvement in mortality risk over time prompted a second independent inquiry into inequalities in health,[12] chaired by Sir Donald Acheson in 1997. This provided the basis for the introduction of the Government's health inequality strategy.[13, 14, 15, 16]

The RGSC provided a relatively consistent basis for reporting mortality by socio-economic position, but has now been replaced by the NS-SEC. The implication of this change for mortality analyses has been reported in a previous article:[1] a noteworthy difference between these classifications is that the RGSC is an assumed hierarchy of occupational skill and social standing, whereas NS-SEC is an explicit measure of employment relations characteristics that aims to minimise within-class and maximise between-class heterogeneity.[17] The capture of qualitative differences in employment relations inherent in the NS-SEC schema does not provide a hierarchy of classes, but establishes distinct occupational groupings, which may provide greater scope for explaining statistical relationships.

Analyses of male cause-specific mortality in England and Wales in 1991–93 by an interim version of NS-SEC, derived from the Standard Occupational Classification 1990 and employment status, and RGSC has been reported previously.[18] While the mortality divide between the most advantaged and most disadvantaged classes in each classification was similar, an important difference was the more irregular mortality pattern found in the intervening NS-SEC classes, compared with the more consistent gradient observed using RGSC. Specifically, the Small employers, own account workers class had lower mortality rates than the Intermediate class from ischaemic heart disease (IHD), cerebrovascular diseases and selected external causes.

The causes of death selected for examination in this article was informed by the recent literature on health inequalities by socio-economic position: inequalities in mortality from ischaemic heart disease, cerebrovascular diseases, all malignant neoplasms, accidents and suicide were reported (by an earlier version of NS-SEC) in the period 1991–93;[18] previous analyses using the ONS Longitudinal Study also showed gradients by RGSC in deaths from respiratory diseases.[10] Digestive diseases were included as a result of the increase in deaths from these diseases between 1991–93 and 2001–03[19] and accidental falls were included because of the specific risks of these events in certain occupations.

Methods

The National Statistics Socio-economic Classification

The theoretical and conceptual basis for the NS-SEC is based on employment relations operating in modern developed economies.[20] Occupations are differentiated in terms of reward mechanisms, career prospects, autonomy and security. In this analysis, NS-SEC is derived from occupation coded to the Standard Occupational Classification 2000[21] and employment status, both collected at registration of the deceased.[1] Box One shows the NS-SEC analytic class breakdowns used in this analysis, and provide examples of the occupations included in each class.

In the past, analyses of mortality by RGSC have grouped social classes into a 'non-manual' and 'manual' split: this distinction is of less importance in modern developed economies. Although the condensed version of NS-SEC, shown in Box One, labels the third class 'routine and manual occupations', this label should not be interpreted as linked to the characteristics of occupational skill and social standing underlying the RGSC manual group, which contained the RGSC Skilled Manual (IIIM), Partly Skilled (IV) and Unskilled (V) classes. Another caveat of the Routine and Manual class label in the condensed version of NS-SEC is the non-routine nature of Lower supervisory and technical occupations which this class includes: the grouping of these occupations with Semi-routine and Routine occupations is, however, justified on the grounds of similarity in the employment relations characteristics of these occupations.

Box one

National Statistics Socio-economic Classification (NS-SEC) – analytic classes

Condensed analytic class		Analytic class		Examples of occupations included
1	Managerial and professional occupations	1	Higher managerial and professional occupations	
		1.1	Large employers, higher managers	Senior officials in national and local government; directors and chief executives of major organisations; officers in the armed forces
		1.2	Higher professionals	Civil engineers, medical practitioners, physicists, geologists, IT strategy and planning professionals, legal professionals, architects
		2	Lower managerial, professional	Teachers in primary and secondary schools, quantity surveyors, public service administrative professionals, social workers, nurses, IT technicians
2	Intermediate occupations	3	Intermediate	NCOs and other ranks in the Armed Forces, graphic designers, medical and dental technicians, Civil Service administrative officers and local government clerical officers, counter clerks, school and company secretaries
		4	Small employers and own account workers	Hairdressing and beauty salon proprietors, shopkeepers, dispensing opticians in private practice, farmers, self-employed taxi drivers
3	Routine and manual	5	Lower supervisory and technical occupations	Bakers and flour confectioners, screen-printers, plumbers, electricians and motor mechanics employed by others, gardeners, rail transport operatives, supervisors of van, bus and coach drivers, labourers, scaffolders
		6	Semi-routine occupations	Pest control officers, clothing cutters, traffic wardens, scaffolders, assemblers of vehicles, farm workers, veterinary nurses and assistants, shelf fillers
		7	Routine occupations	Hairdressing employees, floral arrangers, roundsmen and women, sewing machinists, van, bus and coach drivers, labourers, hotel porters, bar staff, cleaners and domestics, road sweepers, car park attendants

The three class version of NS-SEC provides scope to divide the population into advantaged and disadvantaged groups in a similar way to the previous Manual:Non-manual comparisons, and offers a structure with which to examine inequalities in mortality by socio-economic position using broad occupational groupings.

The assignment of NS-SEC at death registration depends on the occupation and employment status of the deceased reported by the person registering the death. This process relies on second-hand knowledge and may be less accurate than the reporting of occupational details that occurred at census. For example, where precise information on the employment status of the deceased is not available, the default category of 'employee' is used, which can affect the assignment of the NS-SEC analytic class. An investigation into the consistency of assignment of employment status at census and death registration uncovered a discrepancy in NS-SEC allocations between census and death registration brought about by this convention in the recording of employment status.[1]

Analyses of the relationship between assignment of socio-economic position at census and at death registration have been reported previously using ONS Longitudinal Study records.[1, 6, 7, 10] An examination of records relevant to this analysis showed that 53 per cent of those in occupied NS-SEC analytic classes were allocated to the same class at death as was reported in the 2001 census (ranging from 41 per cent in the Large employers and higher managers to 65 per cent in the Routine analytic class), while 20 per cent were reported at death in a 'higher' class than at census, and 27 per cent in a 'lower' class. Consequently, inferences about the influence of NS-SEC, and the employment relations underlying the classification, are therefore imperfect, and should be regarded as indicative of an employment relations effect rather than conclusive.

The information collected at death registration does not allow reliable identification of men who had Never worked or were Long-term unemployed, or differentiation between those categories and men who could not be allocated to an NS-SEC class for another reason.[22] Figures reported here are therefore restricted to occupied NS-SEC analytic classes only. However, the England and Wales mortality rate against which NS-SEC classes are compared includes all deaths to men of this age in 2001–03.

Information on the rationale and application of the NS-SEC is available on the Office for National Statistics website.[23]

International classification of Diseases 10th Revision

Cause of death in England and Wales has been coded to the Tenth revision of the International Classification of Diseases (ICD–10) since 2001,[24] replacing the Ninth revision used between 1979 and 2000. The principal differences between the two revisions and the implications for mortality statistics has been reported elsewhere.[25, 26] These differences prevent comprehensive comparison with earlier time periods.

In this analysis, suicide is defined as deaths where the coroner has given a verdict of suicide or where an open verdict was reached in a death from injury and poisoning. It is thought that most of these open verdicts are cases where the harm was self-inflicted but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves. In ICD–10 the codes used to select suicides were X60–X84 (Intentional self-harm) and Y10–Y34 (Injury undetermined whether accidentally or purposely inflicted, excluding Y33.9 where the coroners verdict was pending).

The causes of death included and their ICD–10 codes are shown in Box Two.

Box two

Causes of death included in the analysis

Cause of death	ICD-10 code
All circulatory diseases	**I00–I99**
Ischaemic heart disease	I20–I25
Cerebrovascular diseases	I60–I69
All malignant neoplasms	**C00–C97**
Colon, rectum, rectosigmoid junction and anus	C18–C21
Trachea, bronchus and lung	C33–C34
All respiratory diseases	**J00–J99**
Pneumonia	J12–J18
Chronic lower respiratory diseases	J40–J47
All digestive diseases	**K00–K93**
Gastric and duodenal ulcer	K25–K27
All liver diseases	K70–K77
External causes of morbidity and mortality	**V01–Y89**
Accidents	V01–X59
Transport accidents	V01–V99, Y85
Falls	W00–W19
Suicide and events of undetermined intent	X60–X84, Y10–Y34[1]

1 Excludes Y33.9 where the coroner's verdict was pending.

Sources of data

Four sources of data were used to calculate age-specific and age-standardised rates of mortality by the National Statistics Socio-economic Classification reported in this article. Firstly, the routine collection of age at death, sex, occupation, employment status and cause of death from death occurrences[27] provided information on the number of deaths occurring in each age-group for each NS-SEC class for the period 2001–03. Secondly, the decennial census of population in the United Kingdom in 2001 collected information on age, sex, occupation and employment status, providing information to derive the NS-SEC specific population at risk of death for 2001 -03. Thirdly, the mid-year population estimates for 2001, 2002 and 2003 were used to centre the population at risk with the death records examined and allow for revisions to the 2001 census populations, which have subsequently been published by ONS: the proportions of the male population in each NS-SEC class and five-year age group found at census were extrapolated to the revised mid-year population estimates. Fourthly, the ONS Longitudinal Study enabled the population at risk to be further optimised to reduce the effect of known biases, and to adjust for discrepancies in class allocations at death registration found previously.[1]

Analysis period and study population

This analysis examines mortality in the years 2001–03 to provide consistency with population denominators derived from the decennial census of population in 2001. Three years of death occurrences data are pooled to ensure a sufficient number of deaths are available to undertake detailed NS-SEC comparisons by age-group and cause of death.

Death registrations collect information on the occupation and employment status of the deceased between the ages 16 and 74. However, the completeness of this data deteriorates noticeably after the male state retirement age of 64, reducing its reliability for analysis. The higher proportion of men delaying entry into the labour market on grounds of further study beyond the age of 16 also reduces the proportion of men aged 16–22 that can be allocated an occupied NS-SEC class. Consequently, this analysis is restricted to men aged 25–64, ensuring the highest proportion can be designated to the NS-SEC.

Table 1 Number of deaths by cause and percentage classified to occupied NS-SEC classes, men aged 25–64, 2001–03

England and Wales

Cause of death	ICD–10 codes	Number of deaths	Per cent of all deaths	Per cent classified to occupied NS-SEC
All causes	A00–R99, V00–Y89	150,201	100	89
All circulatory diseases	I00–I99	48,005	32	92
Ischaemic heart disease	I20–I25	32,250	22	93
Cerebrovascular diseases	I60–I69	6,684	5	92
All malignant neoplasms	C00–C97	49,002	33	96
Malignant neoplasm of colon, rectum, rectosigmoid junction and anus	C18–C21	5,161	3	97
Malignant neoplasm of trachea, bronchus and lung	C33–C34	12,029	8	97
All respiratory diseases	J00–J99	8,902	6	85
Pneumonia	J12–J18	2,817	2	79
Chronic lower respiratory diseases	J40–J47	4,308	3	89
All digestive diseases	K00–K93	12,032	8	85
Gastric and duodenal ulcer	K25–K27	965	1	85
All liver diseases	K70–K77	8,382	6	86
External causes (injuries and poisoning)	V01–Y98	16,998	11	80
All accidents	V01–X59	7,929	5	81
Transport accidents	V01–V99, Y85	3,698	3	89
Falls	W00–W19	1,221	1	81
Suicide and events of undetermined intent	X60–X84, Y10–Y34[1]	7,842	5	80

1 Excludes Y33.9 where coroner's verdict was pending.

Source: Death registrations 2001–03

Of the 150,201 deaths of men aged 25–64 over the years 2001–03, 133,712 (97 per cent) have been included in the cause-specific analysis presented here.

Outcome measures

To compare the mortality experience of NS-SEC analytic classes, directly age-standardised mortality rates for all men aged 25–64 standardised to the European standard population were calculated.[28] Age-standardised rates are a summary measure allowing populations with different age structures to be reliably compared. The age-standardised rates of death presented for England and Wales encompass all deaths occurring to men of this age whether or not they were designated an occupied NS-SEC class.

Results

The number of deaths examined in this analysis by underlying cause is presented in Table 1, along with the proportions classified to an occupied NS-SEC class.

Circulatory diseases

Circulatory diseases represent an important cause of death in men aged 25–64 in England and Wales. In this study 32 per cent (48,005) of all deaths that occurred to men in 2001–03 were attributed to this disease group. Within circulatory causes of death, ischaemic heart disease (IHD) comprised 67 per cent and cerebrovascular disease (stroke) 14 per cent. The age-standardised mortality rates per million by NS-SEC analytic classes from all circulatory diseases, IHD, and cerebrovascular disease appear in Table 2.

The age standardised mortality rate from all circulatory causes among men working in Higher managerial and professional occupations was approximately 50 per cent of the mortality for all men of this

Table 2 Age-standardised mortality rates[1] from circulatory diseases by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales

Rate per million

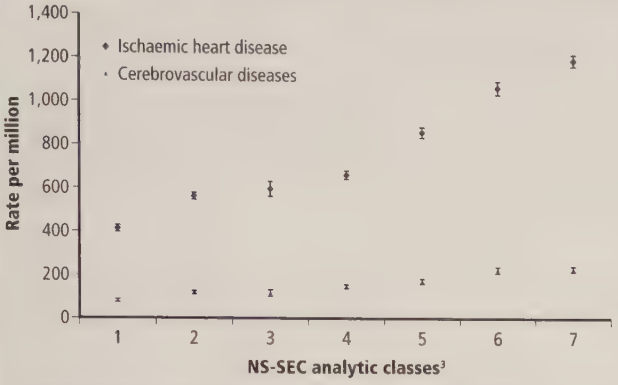
NS-SEC analytic class	All circulatory diseases			Ischaemic heart disease			Cerebrovascular diseases		
	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval
1 Higher managerial and professional occupations	613	594	633	413	397	429	80	73	87
1.1 Large employers, higher managers	597	569	626	410	386	434	76	66	86
1.2 Higher professionals	630	604	657	417	395	438	84	74	93
2 Lower managerial, professional	837	817	856	563	547	579	118	111	125
3 Intermediate	900	859	943	597	563	631	117	102	132
4 Small employers, own account workers	1,002	979	1,026	663	644	682	147	138	157
5 Lower supervisory and technical	1,253	1,223	1,283	859	834	884	172	161	184
6 Semi-routine	1,581	1,543	1,619	1,066	1,035	1,097	225	211	239
7 Routine	1,718	1,686	1,751	1,193	1,166	1,220	230	218	242
All men in England and Wales	1,187	1,176	1,198	799	790	808	165	161	169
Ratio 7:1	2.8			2.9			2.9		
Condensed NS-SEC									
1 Managerial and professional occupations	741	727	755	499	487	510	102	97	107
2 Intermediate occupations	976	956	997	647	630	663	140	132	147
3 Routine and manual occupations	1,522	1,503	1,541	1,045	1,029	1,061	209	202	216
Ratio 3:1	2.1			2.1			2.1		

1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

Figure 1 Age-standardised mortality rate[1] from ischaemic heart disease and cerebrovascular diseases by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales



1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.
3 Refer to Box One for label categories.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

age in England and Wales, while the rate of men working in Routine occupations was 45 per cent higher than that of England and Wales.

Differences in mortality between the seven analytic classes in Table 2 were all statistically significant, although there was no significant difference between the two sub-groups of Class I (Higher professionals and Large employers higher managers).

For deaths with an underlying cause of IHD, the socio-economic pattern was similar to that reported for all circulatory diseases (Table 2). A 2.9 times raised rate of death was observed in the Routine class compared with the Higher managerial and professional class. The adjacent class contrasts largely mirror the pattern observed from all circulatory diseases, although the rate of death in the Intermediate class was not significantly different to the rate in the Lower managerial, professional class (Figure 1).

Mortality from cerebrovascular disease was also 2.9 times higher in the Routine class than in the Higher managerial and professional class. However, there was less variation between adjacent classes compared with IHD mortality: both the Routine and Semi-routine classes and the Lower managerial, professional and Intermediate classes had similar rates (Figure 1). While mortality from IHD was significantly higher in the Lower supervisory, technical class compared with all men, there was no significant excess in this group for cerebrovascular diseases.

In the condensed version of NS-SEC, differences in mortality were also present: the Routine and manual class had more than twice the mortality of the Managerial and professional class in circulatory disease causes of death examined and higher mortality than for all men.

Malignant neoplasm

There were 49,002 deaths with an underlying cause of malignant neoplasm, representing 33 per cent of deaths to men aged 25–64. Within malignant neoplasm related causes, those of the trachea, bronchus and lung (lung cancer), and the colon, rectum, rectosigmoid junction and anus (colorectal cancer) represent the largest mortality burden, together accounting for 35 per cent of these deaths. The age-standardised mortality rates by NS-SEC analytic classes are reported in Table 3.

The socio-economic pattern of mortality for all malignant neoplasms was less regular than that observed from circulatory diseases: the Lower managerial, professional class had higher mortality than the Intermediate class; the Lower

Table 3 Age-standardised mortality rates[1] from selected malignant neoplasms by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales — Rate per million

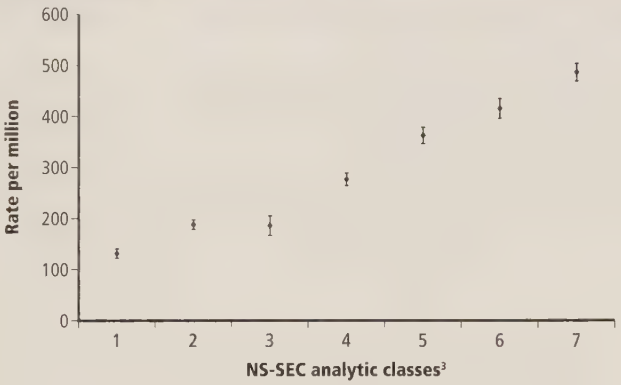
NS-SEC analytic class	All malignant neoplasms			Trachea, bronchus and lung			Colon, rectum, rectosigmoid junction, anus		
	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval
1 Higher managerial and professional occupations	821	798	843	131	122	141	105	97	113
1.1 Large employers, higher managers	806	773	840	140	126	154	106	94	119
1.2 Higher professionals	838	808	869	125	113	137	105	94	116
2 Lower managerial, professional	990	969	1,012	188	179	197	125	117	132
3 Intermediate	911	870	954	186	167	205	102	88	117
4 Small employers, own account workers	1,090	1,066	1,115	277	264	289	111	103	119
5 Lower supervisory and technical	1,402	1,371	1,434	362	346	378	145	135	156
6 Semi-routine	1,469	1,433	1,505	414	395	433	133	123	145
7 Routine	1,584	1,553	1,615	484	467	501	146	137	156
All men in England and Wales	1,211	1,200	1,221	298	293	303	128	124	131
Ratio 7:1	1.8			3.7			1.4		
Condensed NS-SEC									
1 Managerial and professional occupations	918	902	933	164	157	171	116	111	122
2 Intermediate occupations	1,052	1,030	1,073	257	246	267	109	102	115
3 Routine and manual occupations	1,491	1,472	1,510	425	415	435	142	136	148
Ratio 3:1	1.6			2.6			1.2		

1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

Figure 2 Age-standardised mortality rate[1] from lung cancer by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales



1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.
3 Refer to Box One for label categories.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

supervisory, technical class had similar mortality to the Semi-routine class. As expected, the mortality of the Routine class was 1.9 times higher than that of the Higher managerial and professional class (Table 3).

When cancer mortality by socio-economic position is compared using the condensed version of NS-SEC, a 60 per cent higher age-standardised rate is observed for Routine and manual occupations compared with Managerial and professional occupations.

The Higher managerial and professional class had the lowest mortality from lung cancer and the Routine class the highest: a 3.7 times higher rate of death was observed in the latter class compared with the former class (Table 3). If the age-specific rates of death observed in the Higher managerial and professional class were experienced by men working in Routine occupations, approximately 2,300 fewer deaths would have occurred in the Routine class.

Although the pattern in the intervening classes mirrored that for all malignant neoplasms, it is notable that there was no significant difference between the mortality rates for Intermediate and Lower managerial and professional classes (Figure 2).

The impact of lung cancer deaths on the overall malignant neoplasm ratio of death rates was substantial; the higher rate between Routine workers and men working in Higher managerial and professional occupations falls from 1.9 to 1.6 when lung cancer deaths are excluded.

Age-standardised mortality rates from colorectal cancer are similar for the Higher managerial and professional, the Intermediate and the Small employers, own account workers classes (Table 3). The pattern by socio-economic position was irregular: men working in Lower supervisory, technical and Routine occupations had higher mortality than men in classes 1 to 4, and all men of this age.

The condensed version of NS-SEC shows that men in Routine and manual occupations had significantly higher mortality than those in other condensed classes and all men.

Diseases of the respiratory system

Diseases of the respiratory system contributed 5.9 per cent (8,902) of all deaths in men aged 25–64 in 2001–03. Pneumonia accounted for 32 per cent (2,817) of these deaths, other chronic obstructive pulmonary disease for 35 per cent (3,119), bronchitis and emphysema for 6 per cent (502)

Table 4 Age-standardised mortality rates[1] from selected respiratory diseases by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales

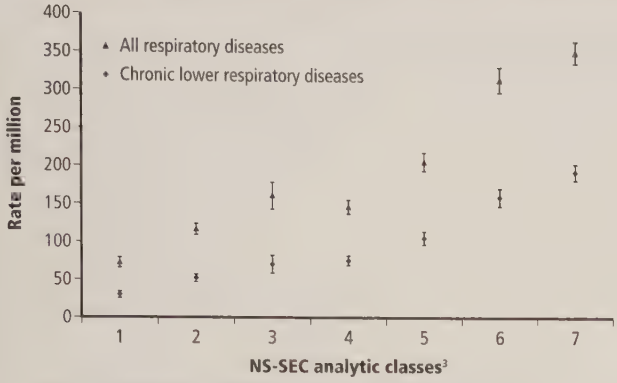
Rate per million

NS-SEC analytic class	All respiratory diseases			Pneumonia			Chronic lower respiratory diseases		
	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval
1 Higher managerial and professional occupations	72	65	79	23	19	26	30	25	34
1.1 Large employers, higher managers	68	58	78	18	13	23	30	24	37
1.2 Higher professionals	77	67	86	27	22	33	30	24	35
2 Lower managerial, professional	116	109	124	38	33	42	52	47	57
3 Intermediate	161	143	179	51	41	61	70	59	82
4 Small employers, own account workers	146	137	155	40	35	44	75	69	82
5 Lower supervisory and technical	206	194	218	61	54	67	105	97	114
6 Semi-routine	314	298	331	99	90	109	159	147	171
7 Routine	351	336	365	100	92	108	193	182	203
All men in England and Wales	219	215	224	69	67	72	106	103	109
Ratio 7:1	4.9			4.4			6.5		
Condensed NS-SEC									
1 Managerial and professional occupations	98	93	103	31	28	34	43	39	46
2 Intermediate occupations	149	141	157	42	38	46	75	69	80
3 Routine and manual occupations	292	284	301	86	82	91	155	149	161
Ratio 3:1	3.0			2.8			3.6		

1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

Figure 3 Age-standardised mortality rate[1] from all respiratory diseases and chronic lower respiratory diseases by NS-SEC,[2] men aged 25–64, 2001–2003



1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.
3 Refer to Box One for label categories.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

and asthma for 6 per cent (498). Chronic obstructive pulmonary disease, bronchitis, emphysema and asthma were analysed under the collective grouping of chronic lower respiratory diseases, which also includes bronchiectasis (189) as these diseases often occur simultaneously.

The age-standardised mortality rates per million by NS-SEC analytic classes from all respiratory diseases, pneumonia and chronic lower respiratory diseases are reported in Table 4. The ratio in rate of death between men working in Routine occupations and Higher managerial and professional men was steeper from respiratory diseases, than was the case from either circulatory diseases or malignant neoplasm causes of death.

The death rate of the Routine class was 4.9 times higher than that of the Higher managerial and professional class.

Men in Routine occupations had a 60 per cent higher mortality rate than all men of this age, while men in Higher managerial and professional occupations had a 67 per cent lower rate. Both the Routine and Semi-routine classes had higher rates of death compared with all men, and classes 1 to 4 lower rates (Table 4). The socio-economic pattern was characterised by a distinctly low rate of death in men in the Higher managerial and professional class, and high mortality in men in Semi-routine and Routine occupations (Figure 3). The intervening classes showed a general pattern of increasing mortality with less favourable employment characteristics.

The largest variation in mortality between NS-SEC classes was for chronic lower respiratory diseases. The death rate among men working in Routine occupations was 6.5 times higher than that of Higher managerial and professional men, and 1.8 times higher than all men of this age, with rates for the former class higher than expected, and for the latter class, lower than expected (Table 4). The overall pattern by NS-SEC showed an increase for most socio-economic classes analysed, with rates of death rising markedly in occupations regulated by a Labour Contract (predominantly assigned to the Semi-routine and Routine NS-SEC classes). Only the Intermediate and Small employers, own account workers departed from this regular pattern.

Socio-economic differences in pneumonia mortality were also large. Men in Routine occupations had a rate of death 4.4 times higher than men in the Higher managerial, professional class. However, the differences in mortality rates between the intervening classes (Lower managerial, professional; Intermediate; and Small employers, own account workers) were not statistically significant from one another, but were significantly higher than the rate in the Higher managerial, professional class (Table 4). The Semi-routine and Routine classes had similar rates of death.

Table 5 Age-standardised mortality rates[1] from selected digestive diseases by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales — Rate per million

NS-SEC analytic class	All digestive diseases			All liver diseases			Gastric and duodenal ulcers		
	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval
1 Higher managerial and professional occupations	122	113	130	87	80	95	8	6	10
1.1 Large employers, higher managers	94	85	106	64	55	74	5	3	8
1.2 Higher professionals	146	134	160	105	95	117	10	7	15
2 Lower managerial, professional	196	187	206	143	135	151	13	11	15
3 Intermediate	234	214	257	168	151	187	18	13	25
4 Small employers, own account workers	230	219	242	161	152	171	15	13	19
5 Lower supervisory and technical	282	268	296	198	186	210	23	19	27
6 Semi-routine	396	377	415	271	255	287	34	29	40
7 Routine	429	413	446	297	283	311	40	35	45
All men in England and Wales	296	291	302	206	202	211	24	22	25
Ratio 7:1	3.5			3.4			5.0		
Condensed NS-SEC									
1 Managerial and professional occupations	164	158	171	118	112	123	11	9	12
2 Intermediate occupations	229	220	240	162	154	171	16	14	19
3 Routine and manual occupations	368	358	377	254	246	262	32	30	35
Ratio 3:1	2.2			2.2			2.9		

1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

Differences between classes in the condensed version of NS-SEC were also marked: the Routine and manual class had a death rate from all respiratory diseases three times higher than the Managerial and professional class. The comparable ratios for pneumonia and chronic lower respiratory diseases were 2.8 and 3.6 respectively.

Diseases of the digestive system

Digestive diseases accounted for 8 per cent (12,032) of all deaths to men aged 25–64 in England and Wales during 2001–03. Deaths attributed to all liver diseases accounted for 70 per cent of these deaths, while those from gastric and duodenal ulcer accounted for 8 per cent. The age-standardised mortality rates per million by NS-SEC analytic classes from all and selected digestive diseases are reported in Table 5.

The death rate from all digestive diseases was three and a half times higher for men in the Routine class than for those in the Higher managerial and professional class. Within the latter group, the death rate for those working as Large employers, higher managers was significantly lower than for those in Higher professional occupations. This contrasts with the largely similar mortality profile of these two classes from circulatory, malignant neoplasm and respiratory diseases causes of death.

Clear differences in rates of death were observed in most adjacent classes, although men in the Intermediate and Small employers, own account workers classes experienced similar rates of death (Figure 4). Routine workers had a rate of death 1.5 times higher than all men of this age (Table 5), while the Higher managerial and professional class had 58 per cent lower mortality.

The pattern of mortality from all liver diseases largely mirrors that from all digestive diseases: a 3.4 times raised death rate was observed for the Routine class compared with the Higher managerial and professional class; both the Semi-routine and Routine classes had a higher rate of death compared with other classes and all men aged 25–64 (Table 5). However, an important distinction in rates of death from all liver diseases was the absence of statistically significant differences between the Lower managerial, professional; Intermediate; and Small employers, own account workers classes.

Deaths from gastric and duodenal ulcer were relatively small in number, but there was a wide ratio in rates of death: five times higher among men working in Routine occupations compared with occupations classified to the Higher managerial and professional class (Table 5).

External causes of mortality

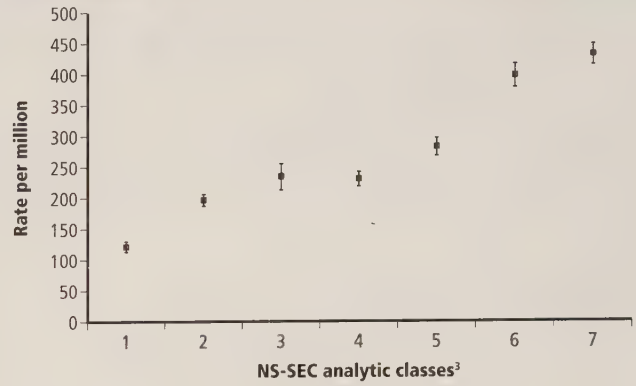
Accidents accounted for 5 per cent of deaths (7,929) to males aged 25–64 in England and Wales during 2001–03. Of these, almost half were transport-related accidents and a seventh accidental falls. Deaths classified as suicide or an event of undetermined intent numbered 7,842, representing 5 per cent of all male deaths in this age range.

The age-standardised mortality rates per million person years by NS-SEC analytic classes from selected external causes of mortality are shown in Table 6.

Mortality from accidents was 3.3 times higher for men in the Routine class compared with Higher managerial and professional men. A lower mortality rate was observed from all accidents in the Lower managerial, professional class compared with the Intermediate class, while rates for the Intermediate, Small employers, own account workers and Lower supervisory, technical classes were similar. This is an important departure from the pattern observed in deaths from circulatory, malignant neoplasm, respiratory and digestive diseases, where the

Figure 4 Age-standardised mortality rate[1] from all digestive diseases by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales



1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.
3 Refer to Box One for label categories.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

Lower supervisory, technical class had significantly higher rates than the Intermediate and Small employers, own account workers classes.

The Semi-routine and Routine classes had a rate of death from all accidents higher than all men of this age, while other classes had a lower rate. The death rate for the Routine class was 1.5 times higher than that for all men.

The pattern of age-standardised mortality from transport accidents is affected by the relatively small number of deaths occurring in the period, reducing the precision of mortality estimates (Figure 5). However, there were clear differences in death rates in the condensed NS-SEC classes.

The Semi-routine class had the highest death rate from accidental falls, 3.9 times higher than Higher managerial and professional men. The rates of death in the former class and the Routine class were higher than all men of this age. In a comparison between classes using the condensed version of NS-SEC, a more modest ratio in the rate of death between the Routine and manual class and the Managerial and professional class occurs (Table 6).

A strong socio-economic difference in mortality from suicide and events of undetermined intent was present: Routine workers were 3.6 more likely to die from these causes than men working in Higher managerial and professional occupations; within the Higher managerial and professional class, men who were Large employers, higher managers had significantly lower mortality than Higher professionals; the rate in the Intermediate class was higher than in both the Lower managerial, professional and the Lower supervisory, technical classes (Figure 6).

Men working in Higher managerial and professional occupations had mortality rates that were 60 per cent lower than the rate for all men of this age, while the Routine class experienced 45 per cent higher mortality than all men.

Overview of results

The ratios of death rates between the bottom and top NS-SEC classes, using both the expanded and condensed analytic breakdowns for each cause examined in this paper, are presented in Figure 7.

Table 6 Age-standardised mortality rates[1] from selected external causes of mortality by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales

Rate per million

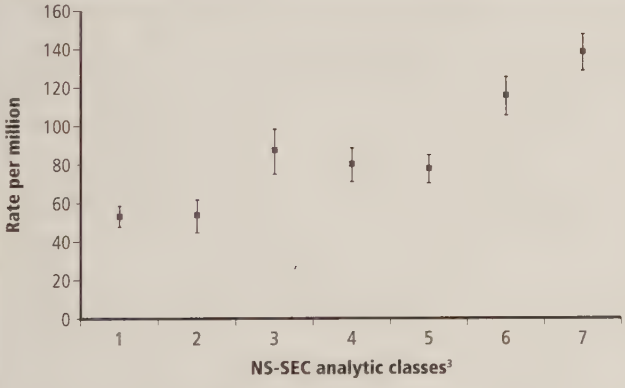
NS-SEC analytic class	Accidents			Transport accidents			Accidental falls			Suicide, events of undetermined intent		
	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval	Rate	Lower 95% confidence interval	Upper 95% confidence interval
1 Higher managerial and professional occupations	86	79	93	55	50	61	11	9	14	74	68	81
1.1 Large employers, higher managers	79	69	90	54	46	63	10	7	14	47	40	55
1.2 Higher professionals	91	82	101	55	48	63	12	9	17	94	85	105
2 Lower managerial, professional	103	96	109	55	50	60	17	14	20	111	104	118
3 Intermediate	153	138	170	88	77	100	21	16	29	175	158	193
4 Small employers, own account workers	164	153	176	80	72	90	26	22	30	154	143	166
5 Lower supervisory and technical	148	138	158	78	71	86	19	15	23	136	127	146
6 Semi-routine	251	236	266	116	107	127	45	39	52	243	229	258
7 Routine	285	272	299	139	130	149	43	38	48	268	255	282
All men in England and Wales	191	187	195	89	86	92	30	28	32	188	184	192
Ratio 7:1	3.3			2.5			3.9			3.6		
Condensed NS-SEC												
1 Managerial and professional occupations	94	90	99	54	51	58	14	13	16	94	89	98
2 Intermediate occupations	154	146	164	80	74	86	24	21	28	156	146	164
3 Routine and manual occupations	206	199	213	104	99	110	29	26	31	200	193	207
Ratio 3:1	2.2			1.9			2.1			2.1		

1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

Figure 5 Age-standardised mortality rate[1] from transport accidents by NS-SEC,[2] men aged 25–64, 2001–03

England and Wales

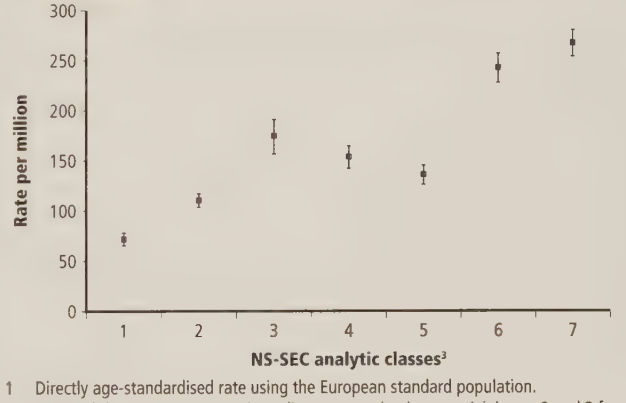


1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.
3 Refer to Box One for label categories.

Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

Figure 6 Age-standardised mortality rate[1] from suicide and events of undetermined intent by NS-SEC,[2] men aged 25–64, 2001–2003

England and Wales



1 Directly age-standardised rate using the European standard population.
2 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.
3 Refer to Box One for label categories.

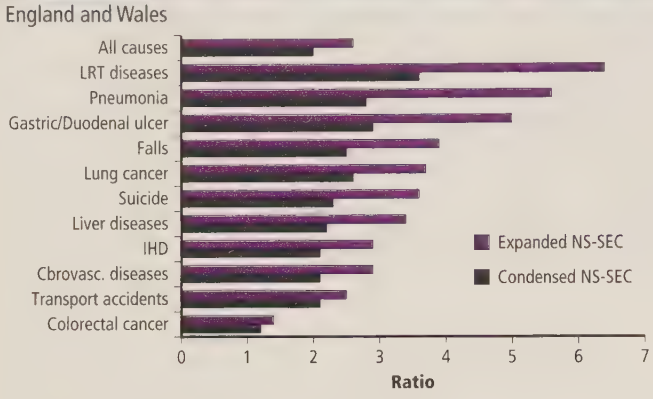
Source: Death registrations 2001–03; optimised population estimates 2001–03; Office for National Statistics Longitudinal Study

The largest ratios were present in deaths with underlying causes of chronic lower respiratory diseases, pneumonia and gastric and duodenal ulcers. These causes made a positive contribution to the all cause ratio of death rates, but represent only a small proportion (5 per cent) of all deaths. On the other hand, because approximately one in five of all deaths had an underlying cause of IHD, the IHD ratio of death rates makes the largest contribution to the all cause ratio of rates. The gradient in IHD mortality observed in 1991–93 between RGSC social classes V and I was similar to that found in this analysis, demonstrating the continued prominence of this disease's contribution to socio-economic inequalities in mortality.

Discussion

This analysis represents the first compilation of official mortality statistics by cause of death using the new NS-SEC. It takes advantage of the methodological adjustments to the socio-economic breakdown of the population available from the most recent census of population in 2001 and death occurrences, reported previously.[1] This has enabled a detailed examination of socio-economic differences in mortality to be undertaken, in terms of the range of causes examined, the socio-economic classes compared and the precision of the estimates reported.

Figure 7 Ratio in age-standardised mortality rates by NS-SEC[1] versions and cause of death, men aged 25–64, 2001–03



1 Reduced derivation incorporating adjustment to death counts in classes 2 and 3 for misallocation of certain occupations.

Source: Death registrations 2001-03; optimised population estimates 2001-03; Office for National Statistics Longitudinal Study

Mortality from circulatory diseases

Efforts to prevent premature death from IHD and cerebrovascular diseases have featured prominently in government health policies since 1992. The *Health of the Nation* and *Our Healthier Nation* health strategies highlighted cardiovascular diseases, among others, as key areas with which to concentrate resources to tackle inequalities in health. A number of health policy initiatives were introduced with the aim of trying to improve the access of disadvantaged groups to health promoting literature, preventative medical treatment and life saving surgery.[14, 15, 16] Mortality from IHD and cerebrovascular diseases in men aged 25–64 in the early 21st century provide a reliable indicator of the performance of these initiatives in men in different occupational and socio-economic circumstances.

This analysis found that the Routine class had a rate of death 2.9 times higher than the Higher managerial and professional class from IHD and cerebrovascular diseases. Analyses by RGSC for the period 1991–93 in men aged 20–64 also showed a mortality rate from IHD in social class V 2.9 times higher than in professionals in social class I, and 3.2 times higher in deaths with an underlying cause of cerebrovascular diseases. The gap in mortality between the most advantaged and most disadvantaged classes has remained similar in magnitude. This is despite the more disadvantaged socio-economic position of RGSC social class V occupations compared with those occupations designated to the NS-SEC Routine class, the smaller population size of the former class, and its more homogeneous makeup. No change in the magnitude of the relative gap between the most and least advantaged classes, whether measured by RGSC in 1991–93 or NS-SEC in 2001–03, is suggestive of several, potentially counter-balancing explanations brought about by the change in the occupational profile and population sizes of classes at the extremes of the social position scale between 1991–93 and 2001–03. For example, although the composition of the Routine class is relatively less disadvantaged than RGSC social class V, this is likely to be compensated for by the relatively more advantaged composition of the Higher managerial and professional class compared with RGSC social class I. The persistence of sizeable differences in rates calculated for larger (and hence more reliable) population groupings suggest a higher proportion of the England and Wales population had clearly distinct risks of death from these causes than previously observed using RGSC.

The presence of inequality in deaths with an underlying cause of IHD or cerebrovascular diseases found in this analysis has a number of potential explanations: behavioural factors such as smoking, diet and exercise; material circumstances such as income and housing quality; psycho-social hazards at work and in the home; and differential access to preventive health care. Studies examining differences in risk of death from cardiovascular disease by material circumstances, find the majority of the variation is explainable through the inverse relationship between socio-economic position and the presence of risk factors such as smoking,[29, 30, 31] obesity,[32, 33, 34] lack of exercise,[35] low social support and employment relations.[36, 37, 38] The pattern of mortality by NS-SEC in the current analysis is consistent with the differential presence of these risk factors by socio-economic position found in previous research.

Mortality from malignant neoplasms

The difference by socioeconomic position in mortality from malignant neoplasm was smaller than that observed in other major causes investigated, and would be only 1.6 times higher in the Routine class if lung cancer deaths are excluded. Evidence from a study comparing clinical and autopsy diagnoses of cause of death by RGSC found a greater likelihood of malignant neoplasm being recorded on the death certificate in the absence of autopsy data among non-manual RGSC social classes,[39, 40] which has the potential to understate the socio-economic mortality differential.

The higher rates of death observed in all NS-SEC classes other than the Semi-routine and Routine classes from all malignant neoplasm compared with all circulatory diseases, is an important change from the decennial analysis of 1991–93, where all circulatory diseases contributed the highest death burden in all RGSC social classes.[3]

Socio-economic differences in deaths from lung cancer remain wide: the commonly short time horizon between diagnosis and death suggests class differences in rates of death are unlikely to be influenced by health-related social mobility, producing a health selection effect. A more likely explanation is the strong relationship between consumption and duration of cigarette smoking and certain occupational exposures and the incidence of lung cancer.[41]

Lung cancer deaths in men aged 25–64 have been declining in all social groups for the past twenty-five years, predominantly brought about by a lowering in smoking prevalence during the same period.[42, 43] The trend in deaths over time demonstrates a contraction in the ratio between RGSC social classes V and I in 1991–93 compared with the Routine class and the Higher managerial and professional class, falling from 4.8 to 3.7. However, this fall is unlikely to be attributable to a corresponding change in cigarette smoking between manual and non-manual workers during the 1990s, as General Household Survey data have demonstrated constancy of prevalence rates in this period.[59] A more likely explanation for the decline in the ratio of death rates is the influence of changes in the composition of the Routine class to include approximately 10 per cent of men who would formally have been assigned to RGSC social class IV.[18, 44]

The Lower supervisory, technical, Semi-routine and Routine classes had higher rates of death from lung cancer than that for all men, whereas the other classes had lower rates. The raised rates of death in classes regulated by a labour contract compared with all men is likely to arise from the fact that these classes are predominantly drawn from the former manual RGSC social classes, and therefore have higher current and historical cigarette smoking prevalence.

The Lower managerial, professional and Intermediate classes had very similar rates of death, but both had lower mortality than the Small employers, own account workers. A possible mechanism for the lower mortality of the Intermediate class over the Small employers, own

account workers from lung cancer is class composition: a proportion of men in the latter class would be classified to a manual RGSC social class whereas the former class is composed exclusively of men who would be classified to a non-manual RGSC social class, causing the prevalence of current and historic cigarette smoking in the Small employers, own account workers class to be relatively higher.

Mortality from respiratory diseases

The pattern in respiratory disease mortality demonstrates marked differences between the Routine class and the Higher managerial and professional class, with rates of death 4.2 times higher from all respiratory diseases in the Routine class. More than a third of respiratory disease deaths were from chronic lower respiratory diseases, and the time lag for these diseases to manifest in conjunction with the presence of socio-economic differences at earlier working ages, suggest exposures before working age are important influences on respiratory disease mortality.

This analysis has shown mortality from respiratory disease among men of working age to be strongly associated with socio-economic position in adulthood. However, research suggests respiratory disease mortality conforms to a socially patterned cumulative risk model, starting with socio-economic related exposures in childhood. A study investigating the importance of childhood socio-economic circumstances on future mortality risk demonstrates risk of death from respiratory diseases is dependent on socio-economic circumstances in both childhood and adulthood.[45] Specifically, childhood respiratory infection has been shown to affect respiratory health later in life and exposure to adverse environmental factors in childhood such as damp housing, indoor and outdoor air pollution, passive smoke exposure and poor nutrition increase the likelihood of future respiratory disease.[46, 47] Consequently, the ratios in death rates found in this analysis are likely to be partly explained by childhood circumstances.

The higher prevalence of cigarette smoking among men working in Semi-routine and Routine occupations is another important contributing factor in the scale of mortality differentials found in respiratory disease causes. Analysis of Health Survey for England data as recently as 2003 reported statistically significant raised prevalence of cigarette smoking in households where the household reference person worked in a Semi-routine or Routine occupation compared with Managerial and Professional households.[47]

Mortality from digestive disorders

A 3.4 times higher rate of death was observed among Routine workers and men working in Higher managerial and professional occupations in this analysis. A similar gradient was observed between RGSC social class V and Professional men in 1991–93. The relationship between alcohol consumption and liver disease is well founded,[48, 49, 50] although analyses of General Household Survey data over many years have shown no significant difference in weekly alcohol consumption by socio-economic position. The most recent analyses of 2002 data showed no variation in the amount drunk by the socio-economic position of the household reference person.[51] However, earlier research by RGSC has shown that the prevalence of alcohol dependence increases with lower social class, so the proportion of men identified as problem drinkers was found to be highest in Unskilled manual workers (11 per cent) and lowest among Professionals (6 per cent).[52, 53] This may partly explain socio-economic variations in mortality from all liver diseases specifically and digestive diseases generally by NS-SEC.

The main cause of ulceration to the stomach and upper intestinal tract is infection with helicobacter pylori, accounting for approximately 90 per cent of cases of peptic ulcer. Other contributing factors are damage to the lining of the stomach and duodenum from aspirin ingestion and other analgesia, steroidal anti-inflammatory drugs, and chronic respiratory disease which reduces oxygenation to the lining of the stomach. The wide mortality difference found between the Routine class and the Higher managerial and professional class from gastric and duodenal ulceration, suggests a differential exposure profile to these risk factors.

Mortality from external causes

The Government's strategy for health in England identified accidents as a key area for health improvement.[54] This document set a target to reduce accidents by one fifth by the year 2010, and the mortality estimates reported in this analysis provide evidence of progress towards this target among men in different socio-economic positions during the first decade of the 21st century. Previous decennial analyses of mortality from accidents has shown a widening trend between RGSC social classes, with the rate of death three times higher in unskilled manual workers compared with Professionals in 1970–72, increasing to more than four times higher in 1991–93. Analysis by NS-SEC shows the ratio in death rates between the Routine class and the Higher managerial and professional class in 2001–03 to be smaller, but this ratio is in line with that reported by Fitzpatrick and Dollamore (1999).[18]

A key departure between this analysis and the analysis of mortality differentials by an earlier version of NS-SEC for 1991–93 is the relative mortality of the Small employers, own account workers class. In the earlier analysis, this class had less than two-fifths the mortality from accidents occurring in all men and had the lowest mortality from these causes compared with all other NS-SEC classes. In this analysis, the Small employers, own account workers had 86 per cent of the mortality occurring in all men. A possible explanation for this change is the less accurate mapping of the Standard Occupational Classification 1990 (SOC90) and employment status definitions in the early 1990s to the NS-SEC version used in that analysis, and the fact that only 10 per cent of households in the 1991 census were coded to SOC90, requiring grossing fractions to be used in the construction of denominators. The analysis presented here has a clearer concurrence with the socio-economic pattern found in the decennial analysis by RGSC in 1991–93, and is likely to be a more valid comparison of the mortality experience of the Intermediate and Small employers, own account workers classes from accidents.

Health Safety Executive figures report the risk of death from fatal injuries at work is highest among the agricultural, construction, extraction and transport sectors, and lowest in the education, health, business and finance and retail and wholesale sectors.[55] A breakdown by employment status showed the rate of fatal injury among the self-employed during 2001–03 was higher than among employees, reflecting the proportionately greater number of self-employed people working in higher risk industries such as construction and agriculture. This is likely to further explain the less advantageous position found in the Small employers, own account workers class in accident mortality compared with other causes of death examined in this analysis. The impact of occupational circumstances and their associated risk of injury have greater influence on the socio-economic pattern from external causes.

This reasoning is supported by the lower mortality experienced by the Lower supervisory, technical class, which results from occupational composition: the distribution of underlying occupational risks concealed in previous analyses by RGSC is brought into sharper focus in NS-SEC analyses. The RGSC social class transitions from Skilled manual to the Lower supervisory, technical class may contain occupations with a lower occupational risk profile than is the average for social class IIIM. This premise requires more detailed analysis of accidental mortality at the occupational level.

Accidents place a large burden on the public health and health care services, and this analysis shows rates of death from accidents were highly variable by socio-economic position. It is estimated that 4,679 fewer deaths

from accidental causes would have occurred if the age-specific rates of death found among men in the Large employers, higher managers class in 2001–03 had applied across the population of men aged 25–64 in England and Wales. This figure demonstrates the scale of potential health gain achievable from eminently preventable accidental causes of death.

Mortality from suicide and events of undetermined intent

A notable contrast in deaths from suicide and events of undetermined intent between the Routine class and the Higher managerial and professional class is reported. The inequality is comparable with that found between social classes V and I in 1991–93. The similarity in the ratio of death rates is interesting in light of the polarised economic conditions prevailing in each period. However, no NS-SEC class in 2001–03 had a rate of death as high as that of social class V in 1991–93.

The favourable mortality position of the Lower supervisory, technical class compared with the Intermediate class in this analysis is interesting, given the superior employment relations circumstances of the latter class. This difference between the two classes was also seen in 1991–93.[18] Overall, the ordering of the classes in the 1991–93 analysis was different to the analysis reported in this article in one respect: the more favourable position of the Small employers, own account workers in 1991–93 was not upheld in 2001–03, as men in this class had mortality rates similar to men in both the Intermediate class and the Lower supervisory, technical class.

Social factors have been shown to predict suicide in studies using individual level data in the United Kingdom.[56, 57] Unemployment, car access and tenure were found to be the most important influences on suicide in an analysis of the period 1983–92 using ONS Longitudinal Study data. This study showed no statistical association between suicide and RGSC social class after controlling for unemployment, car access and tenure. A comparative study of suicide in ten European countries (including England and Wales) conducted by the Erasmus Medical Centre, found a relationship between a composite socio-economic indicator based on tenure and educational attainment and suicide in men in England and Wales in the period 1991–96. The latter study reported a stronger association between indicators of disadvantage (that is, educational attainment and tenure) and suicide than that found in the Lewis and Sloggett study using the same data source, but the latter study examined a later time period, 1991–96. While these studies found less sizable socio-economic variations than decennial analyses of socio-economic position based on occupation during 1991–93 and 2001–03, both studies were restricted to a 1 per cent sample of deaths, compromising statistical power.

The *Independent Inquiry into Inequalities in Health* report[12] cited elements of social exclusion as key markers for self-harm, some of which are associated with low socio-economic position such as lack of social support for lone parents, lack of pre-school education provision, poor housing conditions and unhealthy workplaces. Since then, the Government's White Paper *Saving Lives: Our Healthier Nation*[13] set out a challenging target to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010, and the UK government's suicide prevention strategy[58] outlines the need to target resources at groups of people who have an increased risk of suicide. Our analysis has demonstrated an association between socio-economic position and suicide, and identifies those classes who have a higher rate of death compared with the national average.

Conclusion

This investigation into adult male mortality by NS-SEC provides indicators of the health impacts of different social and occupational circumstances in England and Wales in the early 21st century. The use of 100 per cent of death occurrences and optimised population denominators has enabled precise, statistically robust estimates of mortality to be computed across a range of causes of death using a detailed version of the NS-SEC, and establishes an association between male mortality and the employment relations operating in different occupations. The persistence of sizeable disparity in rates of death between men in advantaged and disadvantaged socio-economic circumstances at the start of the 21st century, particularly in causes of death with clear potential for health gain through prevention, such as accidents, suicide, IHD, cerebrovascular diseases and lung cancer, sets challenges for public health in England and Wales in future years.

Key findings

- A pattern of increasing mortality with more disadvantaged socio-economic position is observed across the major causes of death
- Among major causes of death, the largest ratios of death rates between the most and least disadvantaged groups were observed from IHD, lung cancer, chronic lower respiratory diseases, suicide, and all liver diseases
- The Semi-routine and Routine classes have significantly higher rates of death compared with the average for all men of this age for the majority of causes of death examined
- The mortality rates experienced by the Higher managerial and professional class across all causes of death examined, were notably lower compared with the average for all men

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Cancer incidence and mortality: trends in the United Kingdom and constituent countries, 1993 to 2004

Susan Westlake and Nicola Cooper
Office for National Statistics

This article examines trends in cancer in the UK and constituent countries over the period 1993–2004 for all cancers combined and the four most common cancers: breast, prostate, lung and colorectal. The results show that the UK male incidence rate increased for prostate cancer, and decreased for lung cancer. The UK female incidence rate increased for breast cancer, and decreased for colorectal cancer. The UK mortality rates fell for the three most common cancers in males, and for breast and colorectal in females. These results provide insight into current trends in incidence and mortality to enable services to be directed appropriately.

Introduction

More is known about the incidence of, and survival from, cancer than for most other diseases. This is because in the UK there are population-based cancer registration systems with 100 per cent geographical coverage and mechanisms in place to follow up cases, although cancer registration is not statutory.

Cancer is a major cause of morbidity and mortality in the UK. In 2004, there were around 284,700 new cases of cancer (excluding non-melanoma skin cancer) diagnosed among all ages in the UK, with almost equal numbers in males and females. This comprised around 233,600 new cases of cancer diagnosed in England, 16,900 cases in Wales, 27,100 cases in Scotland, and 7,100 cases in Northern Ireland. Table 1 ranks the number of new cases of cancer diagnosed in the UK in 2004 for the most common cancers. The three most common cancers for each sex in the UK accounted for just over half of all cancers diagnosed: prostate, lung and colorectal for males; and breast, colorectal and lung for females.

In 2004, there were almost 152,900 deaths from cancer in the UK, with slightly more deaths in males than in females. This comprised around 125,700 deaths from cancer in England, 8,500 deaths in Wales, 15,000 deaths in Scotland, and 3,700 deaths in Northern Ireland. Table 2 ranks the number of cancer deaths in the UK in 2004 for the most common cancers. The three most common cancers for each sex in the UK accounted for nearly half of all cancer deaths. The order of ranking in Tables 1 and 2 is not the same because of differences in survival rates.

Cancer remains a major public health and health care issue. Strategies for tackling cancer, together with heart disease, have been given high priority by the Government. The 'Calman-Hine' report published in 1995 set the backdrop for the subsequent sustained high profile for cancer services

Table 1 Major[1] cancer incidence sites by sex, 2004

United Kingdom

Rank	ICD-10 code	Cancer site/type	Number of registrations[2]	Percentage of all cancers for sex[3]	Incidence rate[4]
Males					
	C00–C97[5]	All malignancies[5]	143,200	100	409
1	C61	Prostate	35,000	24	98
2	C33–C34	Lung	22,500	16	63
3	C18–C21	Colorectal (colon and rectum)	19,700	14	55
sub-total 1–3			77,200	54	
4	C67	Bladder	7,200	5	20
5	C82–C85	Non-Hodgkin's lymphoma	5,300	4	16
6	C16	Stomach	5,200	4	14
7	C15	Oesophagus	4,900	3	14
8	C91–C95	Leukaemia	4,000	3	12
9	C43	Melanoma of skin	4,000	3	12
10	C64	Kidney	3,800	3	11
11	C25	Pancreas	3,600	3	10
12	C00–C14	Lip, mouth and pharynx	3,600	3	11
13	C62	Testis	2,800	2	9
14	C71	Brain	2,500	2	8
15	C90	Multiple myeloma	2,100	1	6
16	C32	Larynx	1,800	1	5
17	C81	Hodgkin's disease	800	0.6	3
		Other cancers	14,400	8	
Females					
	C00–C97[5]	All malignancies[5]	141,500	100	348
1	C50	Breast	44,400	31	121
2	C18–C21	Colorectal (colon and rectum)	16,500	12	35
3	C33–C34	Lung	15,800	11	36
sub-total 1–3			76,700	54	
4	C56	Ovary	6,500	5	17
5	C54	Uterus	6,100	4	16
6	C43	Melanoma of skin	4,900	3	14
7	C82–C85	Non-Hodgkin's lymphoma	4,700	3	11
8	C25	Pancreas	3,800	3	8
9	C16	Stomach	3,000	2	6
10	C91–C95	Leukaemia	3,000	2	7
11	C67	Bladder	2,900	2	6
12	C53	Cervix	2,700	2	8
13	C15	Oesophagus	2,700	2	6
14	C64	Kidney	2,300	2	6
15	C00–C14	Lip, mouth and pharynx	1,900	1	5
16	C71	Brain	1,700	1	5
17	C90	Multiple myeloma	1,700	1	4
18	C81	Hodgkin's disease	700	0.5	2
		Other cancers	16,200	13	

1 Cancers where incidence cases number at least 1,000. Hodgkin's disease is included to complete the lymphomas.
2 Rounded to the nearest hundred.
3 Based on numbers of registrations. Percentages may not add to 100 due to rounding.
4 Rate per 100,000. Directly age-standardised incidence rates reflect that the age at diagnosis varies by cancer. For example, cancer of the cervix is most prevalent in women aged in their 30s and 40s whereas cancers of the lip, mouth and pharynx are much more prevalent in older people.
5 Excludes ICD-10 code C44 non-melanoma skin cancer.

Table 2 Major[1] cancer mortality sites by sex, 2004

United Kingdom

Rank	ICD-10 code	Cancer site/type	Number of deaths[2]	Percentage of all cancer deaths for sex[3]	Mortality rate[4]	Mortality rate as % incidence rate
Males						
	C00–C97	All malignancies	79,700	100	221	54
1	C33–C34	Lung	19,500	24	54	85
2	C61	Prostate	10,200	13	27	27
3	C18–C21	Colorectal (colon and rectum)	8,600	11	24	43
sub-total 1-3			38,300	48		
4	C15	Oesophagus	4,700	6	13	93
5	C16	Stomach	3,600	5	10	68
6	C25	Pancreas	3,400	4	10	93
7	C67	Bladder	3,200	4	8	43
8	C82–C85	Non-Hodgkin's lymphoma	2,300	3	7	42
9	C91–C95	Leukaemia	2,300	3	7	55
10	C71	Brain	2,000	3	6	80
11	C64	Kidney	2,100	3	6	53
12	C00–C14	Lip, mouth and pharynx	1,300	2	4	36
13	C90	Multiple myeloma	1,400	2	4	63
14	C43	Melanoma of skin	1,000	1	3	24
15	C32	Larynx	600	0.8	2	34
16	C81	Hodgkin's disease	200	0.2	0.5	18
17	C62	Testis	100	0.1	0.3	3
		Other cancers	13,200	15		
Females						
	C00–C97	All malignancies	73,200	100	156	45
1	C33–C34	Lung	13,500	18	30	83
2	C50	Breast	12,300	17	28	24
3	C18–C21	Colorectal (colon and rectum)	7,500	10	14	41
sub-total 1–3			33,400	46		
4	C56	Ovary	4,400	6	10	61
5	C25	Pancreas	3,700	5	7	94
6	C15	Oesophagus	2,600	4	5	89
7	C16	Stomach	2,300	3	4	71
8	C82–C85	Non-Hodgkin's lymphoma	2,100	3	4	38
9	C91–C95	Leukaemia	1,900	3	4	56
10	C67	Bladder	1,700	2	3	49
11	C71	Brain	1,400	2	4	78
12	C64	Kidney	1,300	2	3	51
13	C90	Multiple myeloma	1,200	2	2	62
14	C54	Uterus	1,100	2	2	15
15	C53	Cervix	1,100	1	3	34
16	C43	Melanoma of skin	800	1	2	14
17	C00–C14	Lip, mouth and pharynx	700	0.9	2	30
18	C81	Hodgkin's disease	100	0.2	0.3	14
		Other cancers	13,400	17		

1 Cancers where incidence cases number at least 1,000. Hodgkin's disease is included to complete the lymphomas.
2 Rounded to the nearest hundred.
3 Based on numbers of deaths. Percentages may not add to 100 due to rounding.
4 Rate per 100,000. Directly age-standardised mortality rates reflect that the age at death varies by cancer.

across the UK.[1] Cancer planning in Scotland and Wales follows broadly similar lines to England.[2] In recent years, major steps have been taken in both Scotland and Wales to improve the provision of cancer services.

Each constituent country of the UK has published a cancer policy or plan and set a number of measurable targets relating to cancer incidence and mortality. The Department of Health (DH) in England set out the overall cancer strategy in the *NHS Cancer Plan*, in September 2000.[3] This was updated in 2004 and aims to reduce cancer deaths, improve the quality of cancer care and treatment, and reduce inequalities in health.[4] The *Cancer Reform Strategy* published in December 2007 builds on the cancer plan, setting out measures to be taken over the next five years.[5] The Campbell report *Cancer Services in Wales*, effectively a cancer plan for Wales, was published in 1996.[6] The *Cancer Services Strategic Development Plan 2003/04–2007/08* was published at the end of 2002 by the Cancer Services Co-ordinating Group (CSCG).[7] *Designed to Tackle Cancer in Wales* sets out the Welsh Assembly Government's policy aims and strategic direction to tackle cancer.[8] Cancer policy in Scotland is directed by the Scottish

Executive's *Cancer in Scotland* strategy.[9] Scotland's national cancer plan, *Cancer in Scotland: Action for change*, was published in July 2001.[10] *Cancer in Scotland: Sustaining Change*, published in May 2004, looked at progress made and set the direction for the next three years.[11] In Northern Ireland, the Regional Cancer Framework is a series of papers building on the work of the 1996 Campbell report.[12] The first paper, *A Cancer Control Programme for Northern Ireland*, was published in November 2006.[13] This set out recommendations and actions for the further strengthening of cancer services and the setting of standards for the delivery of those services. Box One lists the measurable policy targets relating to incidence and mortality trends for each country of the UK.[3, 4, 13, 14, 15, 16, 17]

Box one

Measurable targets relating to cancer incidence and mortality

England

- Reduce the death rate from cancer by 20 per cent in people aged under 75 by 2010, from a 1995–97 baseline
- Reduce cancer deaths in people aged under 75 by 100,000 by 2010, from the 1999 number
- Reduce the inequalities gap in cancer mortality by at least 6 per cent between the fifth of areas with the worst health and deprivation indicators and the population as a whole by 2010

Wales

- Have comparable cancer incidence rates with the lowest European quartile by 2015
- Reduce cancer mortality in people aged under 75 by 20 per cent by 2012 from a 2002 baseline (excluding non-melanoma skin cancer)
- Improve cancer mortality in all groups and at the same time aim for a more rapid improvement in the most deprived groups

Scotland

- To reduce the under 75 cancer mortality rate (per 100,000) by 20 per cent from 167.3 in 1995 to 133.8 in 2010 (standardised to the European population)

Previous Office for National Statistics (ONS) reports on cancer incidence and mortality have only provided a snapshot of the differences in cancer rates between the constituent countries of the UK.[18,19] These showed that overall cancer incidence and mortality rates for males were higher in Wales and Scotland than the UK average, and for females were higher in Scotland. However, they were unable to show whether these differences had widened or narrowed over time compared with the UK average. Trends for England and Wales 1950–1999 were published in 2000,[20] but cancer incidence data for the whole UK is only available from 1993 onwards.

This article analyses cancer incidence and mortality trends for the UK and its constituent countries for the period 1993 to 2004 for all cancers combined and the four most common cancers: breast, prostate, lung and colorectal.

Data and methods

Data

Cancer registration in England is conducted by eight regional cancer registries, which submit notifications to the National Cancer Intelligence Centre (NCIC) at ONS. ONS publishes annual data for new cases of cancer (incidence) in England.[21] In Wales, cancer registration is carried out by the Welsh Cancer Intelligence and Surveillance Unit (WCISU), who publish official cancer incidence for Wales on behalf of the Welsh Assembly Government.[22] In April 2008, the ONS cancer registration system for England and Wales held nearly 10 million person-based records of patients diagnosed with cancer since 1971, and is described in detail in the ONS cancer statistics registrations publication.[21] The Scottish Cancer Registry (SCR) has been collecting information on cancer since 1958 with the core registration function funded by Scottish Government Health Department; and publishes cancer information for Scotland.[23] The Northern Ireland Cancer Registry (NICR) was established in May 1994 and replaced an existing Department of Health and Social Services registry that had been established in 1959. The latter had relied on clinicians to complete registration cards and, consequently, ascertainment of case was incomplete. More complete data are available from 1993 and are published on the NICR website.[24] This paper therefore uses data from 1993 to 2004.

In England and Wales, by law, a death should be registered 'before the expiration of five days from the date of the death'. Most deaths are registered by a medical practitioner. In the case of sudden deaths, if a coroner needs to hold an inquest before reaching a verdict, this is almost impossible, as in most cases the death can only be registered after the inquest. In Scotland, by law, a death must be registered within eight days. Certain sudden or suspicious deaths are referred to the Procurator Fiscal for possible investigation, but this does not delay the initial registration of the death. Cause of death is coded using the information supplied by the certifying doctor. The Procurator Fiscal may subsequently provide General Register Office for Scotland (GROS) with more accurate information on the cause of death and, if necessary, the death will be recoded taking this into account. However, no changes to the statistical records are made after the end of June following the year of registration. In Northern Ireland, deaths are registered in a similar manner to England and Wales but with coroners reporting a finding rather than a verdict. Details of the system of registration of deaths for the constituent countries of the UK and advice on the interpretation of mortality data have been published elsewhere.[25, 26, 27]

The latest available numbers of newly diagnosed cases of cancer were obtained from ONS, WCISU, SCR and NICR. The most recent data were for 2004. Mortality data were obtained for the same period (1993 to 2004) from ONS (England and Wales), the GROS, and the Northern Ireland Statistics and Research Agency (NISRA). The mortality data used in this article are based on the number of deaths registered in each year.

Over the period 1993 to 2004, the ninth and tenth revisions of the International Classification of Diseases (ICD) were in use at various times. Box Two shows which years ICD–9 and ICD–10 were in use for incidence and mortality in each country. Data coded to whichever ICD revision was in use at the time of diagnosis, or death, were obtained. All results have been presented here in terms of ICD–10. For mortality, changing from ICD–9 to ICD–10 can have a significant impact on the analysis of trends.[28, 29, 30] Where appropriate, therefore, mortality rates presented in this article have been adjusted to take account of the introduction of ICD–10 for mortality so that the trends presented are real trends and not simply a result of the ICD change.

ONS has been advised, both by expert epidemiologists and by members of the Advisory Committee on Cancer Registration, that non-melanoma

Box two

International Classification of Diseases (ICD) revisions used

	Incidence	
	ICD–9	ICD–10
England	1993–94	1995 onwards
Wales	1993–94	1995 onwards
Scotland	1993–96	1997 onwards
Northern Ireland	1993–95	1996 onwards

	Mortality	
	ICD–9	ICD–10
England	1993–2000	2001 onwards
Wales	1993–2000	2001 onwards
Scotland	1993–1999	2000 onwards
Northern Ireland	1993–2000	2001 onwards

skin cancer (ICD–10 C44) is greatly under-registered. Registration varies widely depending on a registry's degree of access to out-patient and general practitioner records. Therefore, the figures in this article for the incidence of 'all cancers' exclude non-melanoma skin cancer.

Population estimates from 1993 to 2004 for the UK and the constituent countries of the UK were obtained from official sources at ONS and are available on the National Statistics website; they include revisions and corrections made following the 2001 Census.[31]

Methods

Mid-year population estimates were used with the newly diagnosed cases of cancer and deaths data to calculate age-standardised incidence and mortality rates (Box Three) for males and females separately. Analyses were originally carried out for individual years, but results showed large year-on-year variation over time due to the relatively small number of cases used to derive some of the five-year age-specific rates used to calculate age-standardised rates (ASRs). This was particularly the case in countries of the UK which had small populations. For example, among females in 2004, there were around 400 deaths from colorectal cancer in Wales and around 200 in Northern Ireland. Therefore, it was decided to use three-year moving averages whereby ASRs were calculated using incidence, mortality and population numbers for 1993–95 to 2002–04. This had the effect of smoothing out variation, without removing the essential trends. Ninety-five per cent confidence intervals were calculated to determine whether the difference between the ASR trend lines representing the UK and one of the constituent countries of the UK was significant. Statistical significance was tested using the Z-test (Box Four).

Presentation of results

For each cancer, including all cancers, in turn, results are presented firstly for the UK to look at the overall trends in incidence for the period 1993–95 to 2002–04. Trends for the constituent countries of the UK follow, highlighting major differences from the UK trend. Mortality trends for the UK are then presented, followed by those for the constituent countries. Incidence and mortality rates for England are very similar to those for the UK and in nearly all cases follow the same trendlines, since the population for England accounts for nearly 85 per cent of the total. Therefore, the UK rates are shown separately from the ones for the constituent countries. The appendix (Tables A1–A5) shows the rates that are presented in the figures, for all cancers and each of the four cancer sites.

In the results section, rates of change in incidence or mortality mentioned are significant at the 95 per cent confidence level unless otherwise stated. All rates presented in the section below are age-standardised per 100,000 population

Box three

Directly age-standardised rates

These make allowances for differences in the age structure of the populations. The directly age-standardised rate (ASR) for a particular population is that which would have occurred if its observed age-specific rates had been applied in a given standard population. Rates in this article were age-standardised using the European Standard Population. This is a hypothetical population standard, which is the same for both males and females, allowing standardised rates to be compared over time and between geographical areas. Age-standardised rates are presented per 100,000 population.

Box four

Z-test

$$Ztest = \frac{rate_1 - rate_2}{\sqrt{\sigma_1^2 + \sigma_2^2}}$$

The denominator is the square root of the summed variances

Results

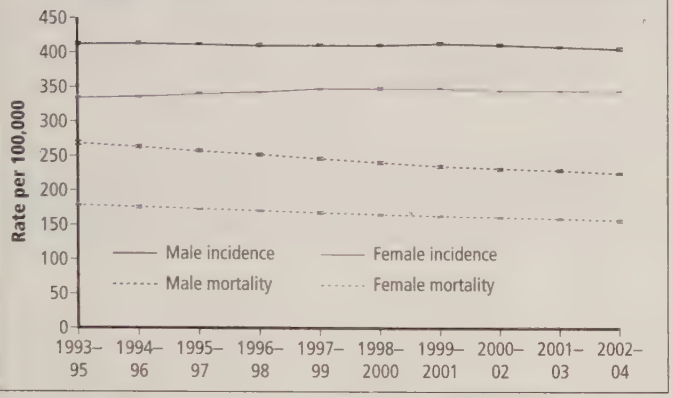
All cancers

In the UK, the cancer (all cancers excluding non-melanoma skin cancer) incidence rate for males fell by 1 per cent, from 412 to 409 per 100,000, over the period 1993–95 to 2002–04 (Figure 1). There was much variation by constituent country over the period. Cancer incidence rates decreased for males by 6 per cent in Scotland, to 455, and by 4 per cent in Northern Ireland, to 404 (Figure 2a). There was little change in England, which had lower incidence rates than the UK, or in Wales. Scotland and Wales both had higher incidence rates than the UK over the entire period and Scotland consistently had the highest cancer incidence rate. However, this difference decreased over the period due to the larger fall in the incidence rates in Scotland than in the UK as a whole. In contrast, the difference between the rates in Wales and the UK widened over the period. By 2002–04, both Wales and Scotland had male cancer incidence rates that were 11 per cent higher than the UK rate.

The female cancer incidence rate in the UK rose by 4 per cent overall between 1993–95 (335) and 2002–04 (348), peaking at 351 during 1999–2001 (Figure 1). The cancer incidence rate for females increased in all constituent countries, ranging from 4 per cent in England to 1 per cent in Scotland. Like males, the cancer incidence rate for females was lower for England than for the UK. Similarly, Scotland and Wales both had higher incidence rates than the UK over the entire period, particularly in Scotland. The gap between Scotland and the rest of the UK narrowed over the period due to the larger rise in the incidence rates in the UK than in Scotland. However, the cancer incidence rate in Scotland remained 10 per cent higher than for the UK as a whole at the end of the period.

Figure 1 All cancers: age-standardised incidence and mortality, by sex, 1993–2004

United Kingdom



However, mortality and incidence trends for all cancers simply represent the combined effect of the widely varying trends in the different cancer types. To understand the underlying drivers of change, we looked at cancer incidence and mortality for each of the four most common cancers.

Breast cancer

Female breast cancer is the most commonly diagnosed cancer in the UK. In 2004, there were 44,400 newly diagnosed cases of breast cancer in females, which accounted for 31 per cent of all female cancers (Table 1). Breast cancer incidence rates in the UK steadily increased from 106 to 120 per 100,000 females between 1993–95 and 2002–04 (Figure 4). Breast cancer incidence rates for England, Scotland and Wales, the latter since the mid–1990s, were close to the UK average, but those in Northern Ireland were 9 per cent lower on average throughout the period (Figure 5).

In 2004, there were 12,300 deaths from breast cancer in females in the UK, which accounted for 17 per cent of all female cancer deaths (Table 2).

Figure 2 All cancers: age-standardised incidence, by sex and country, 1993–2004

United Kingdom

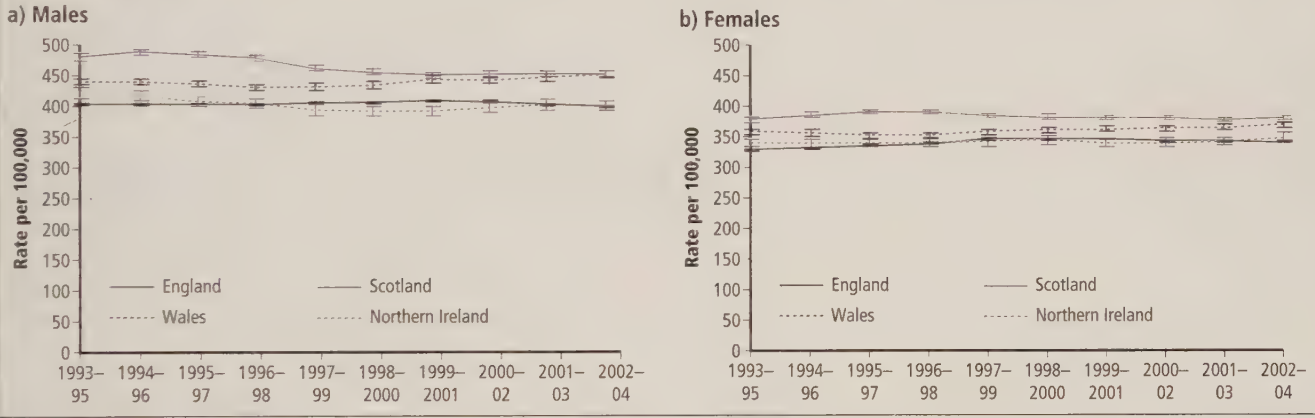
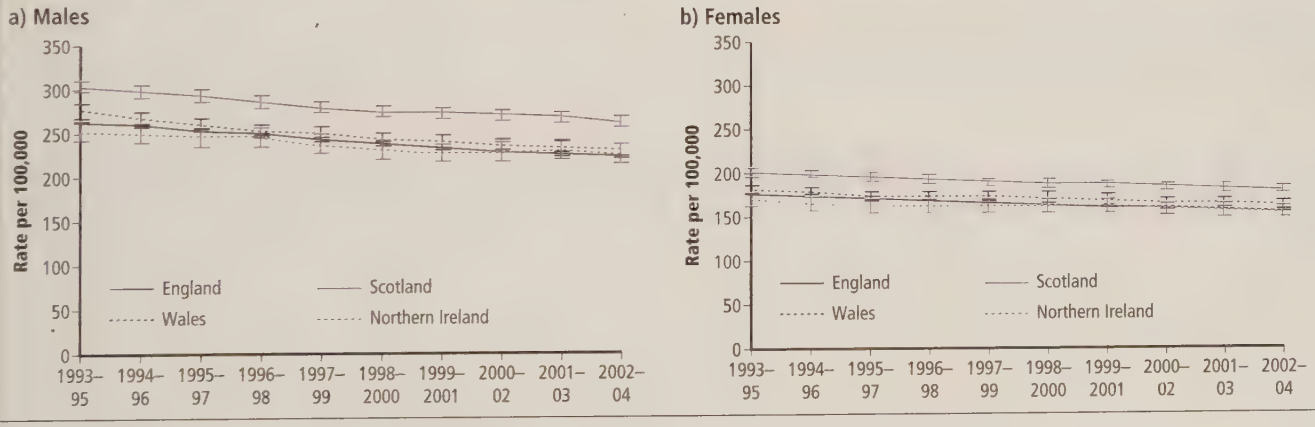


Figure 3 All cancers: age-standardised mortality, by sex and country, 1993–2004

United Kingdom



Mortality from cancer in the UK fell for both males (15 per cent) and females (11 per cent) between 1993–95 and 2002–04, from 268 to 227 for males and from 179 to 159 for females (Figure 1). This pattern of change was similar for each country of the UK (Figure 3). For both sexes, mortality rates for England, Wales and Northern Ireland were close to the UK average; Scotland consistently had the highest cancer mortality rate, which was on average 15 per cent higher than the UK rate for males and 13 per cent higher than the UK rate for females during the period.

The mortality rate for breast cancer in the UK fell by 22 per cent between 1993–95 and 2002–04, to 29 per 100,000 females (Figure 4). There was a similar decrease in all countries of the UK, with Northern Ireland having the largest fall of 25 per cent (Figure 6). There was little variation in breast cancer mortality between the countries of the UK, though Northern Ireland had marginally lower mortality rates throughout the period.

Figure 4 Breast cancer: age-standardised incidence and mortality, females, 1993–2004

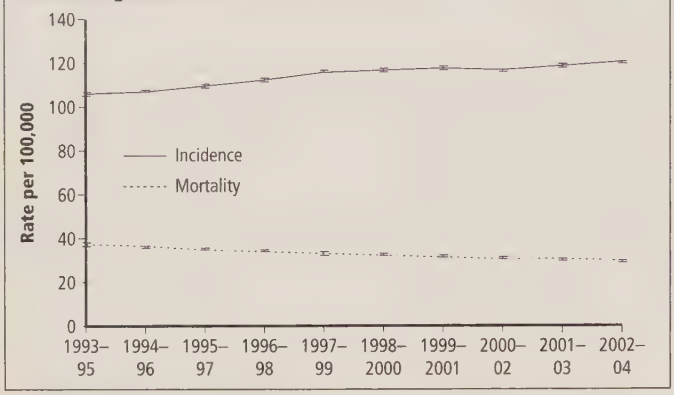


Figure 5 Breast cancer: age-standardised incidence, females by country, 1993–2004

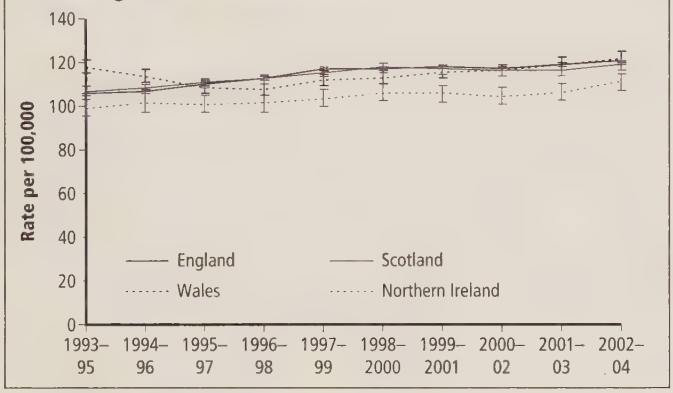


Figure 6 Breast cancer: age-standardised mortality, females by country, 1993–2004

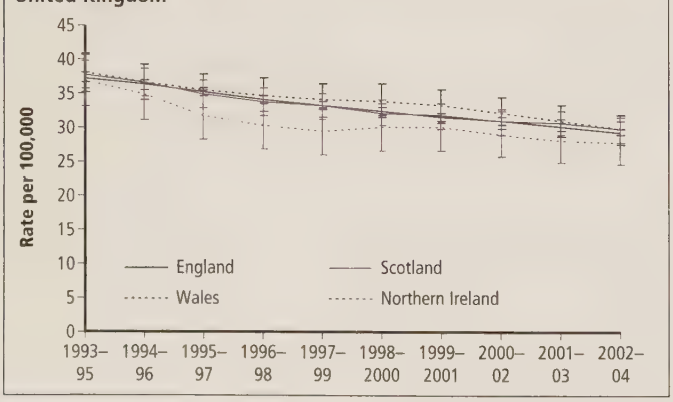


Figure 7 Prostate cancer: age-standardised incidence and mortality, males, 1993–2004

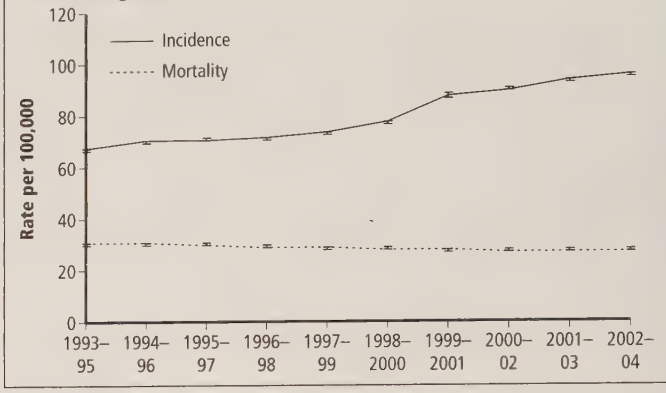


Figure 8 Prostate cancer: age-standardised incidence, males by country, 1993–2004

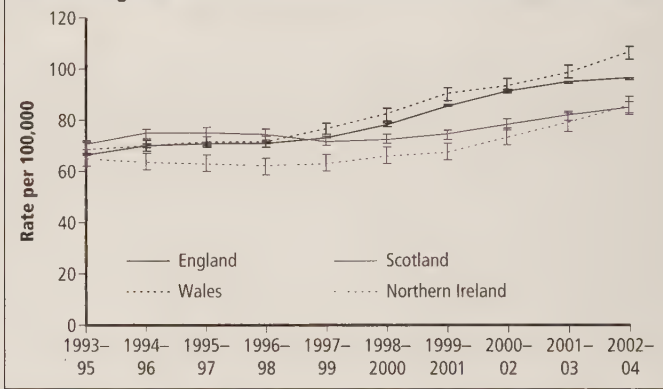
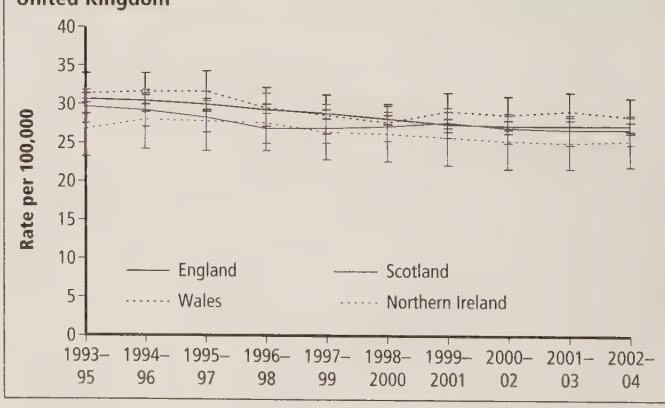


Figure 9 Prostate cancer: age-standardised mortality, males by country, 1993–2004



Prostate cancer

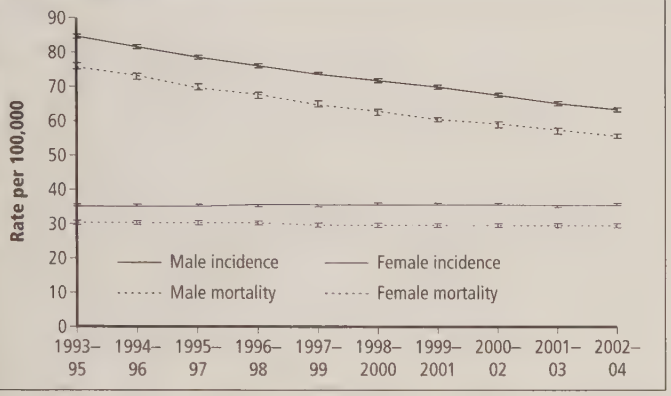
Prostate cancer overtook lung cancer as the most common cancer diagnosed in males in 1999. In 2004, there were 35,000 newly diagnosed cases of prostate cancer in the UK, which accounted for 24 per cent of all male cancers (Table 1). Prostate cancer incidence rates in the UK increased by 41 per cent, from 67 to 95 per 100,000 males over the period 1993–95 to 2002–04 (Figure 7). This increase was significant in all constituent countries, ranging from 53 per cent in Wales to 20 per cent in Scotland (Figure 8). The rate increased sharply from the late 1990s in the UK and then more slowly in the early 2000s, reflecting the trend in England. The pattern of change for Wales was similar but rates continued to rise in the early 2000s. Rates in Scotland and Northern Ireland increased gradually from the early 2000s, but have remained significantly below the UK average since the late 1990s. By 2002–04, Wales had a prostate cancer incidence rate that was 11 per cent higher than that for the UK; Scotland and Northern Ireland had rates that were 11 and 10 per cent lower respectively.

In 2004, there were 10,200 deaths from prostate cancer in the UK, which accounted for 13 per cent of all male cancer deaths (Table 2).

The prostate cancer mortality rate fell overall in the UK by 12 per cent between 1993–95 and 2002–04, from 31 to 27 per 100,000 (Figure 7). The rate for Scotland decreased by 11 per cent, while rates for Wales and Northern Ireland decreased by 10 and 7 per cent respectively. There was little difference in prostate cancer mortality rates between the countries of the UK (Figure 9).

Figure 10 Lung cancer: age-standardised incidence and mortality, by sex, 1993–2004

United Kingdom



Lung cancer

Lung cancer is much more common in males than in females – in 2004, there were around 22,500 newly diagnosed cases in males and 15,800 in females in the UK (Table 1). The UK lung cancer incidence rate fell by 25 per cent, from 85 to 64 per 100,000 among males between 1993–95 and 2002–04 (Figure 10); a similar fall was seen for all constituent countries (Figure 11a). In males, Scotland had the highest lung cancer incidence rate that was consistently around a third higher than that for the UK over the entire period. England had incidence rates significantly below the UK average throughout the period. The lung cancer rate for males in Wales reached a plateau in the late 1990s and was around 6 per cent higher than that for the UK average at the end of the period.

The UK lung cancer incidence rate rose by 2 per cent among females between 1993–95 and 2002–04, from 35 to 36 per 100,000. The small increase in incidence rates among females, coupled with a fall in rates for men resulted, in a fall in the male:female ratio for lung cancer incidence rates in the UK, from 2.4 to 1.8, over the period. In females, the lung cancer incidence rate increased by 10 per cent in Wales and 6 per cent in Scotland (Figure 11b). Equivalent rates in England and Northern Ireland showed no net change over the period. Scotland had the highest rate throughout the period, around 50 per cent higher than the UK average.

Mortality from lung cancer is higher than for other cancer types in both males and females – there were 19,500 lung cancer deaths in males

Figure 11 Lung cancer: age-standardised incidence, by sex and country, 1993–2004

United Kingdom

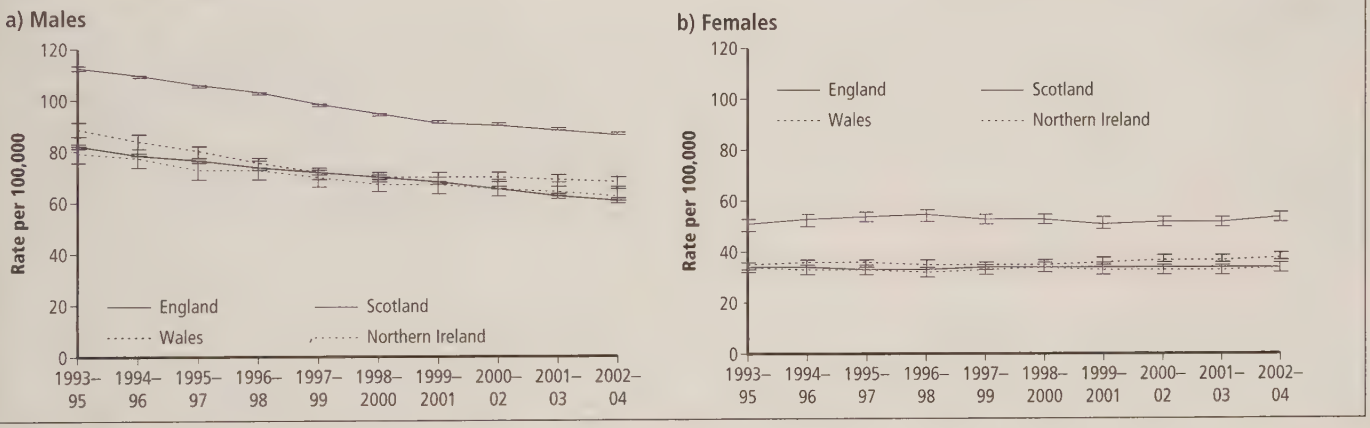
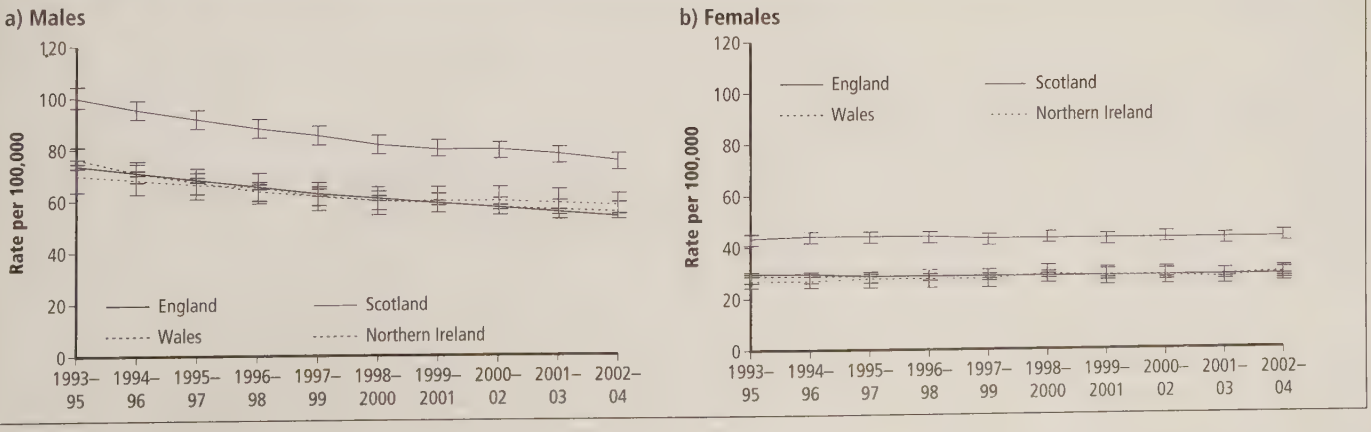


Figure 12 Lung cancer: age-standardised mortality, by sex and country, 1993–2004

United Kingdom



and 13,500 deaths in females in the UK in 2004 (Table 2). Lung cancer accounts for around one-quarter (24 per cent) of cancer deaths in males and one-fifth (18 per cent) in females in the UK.

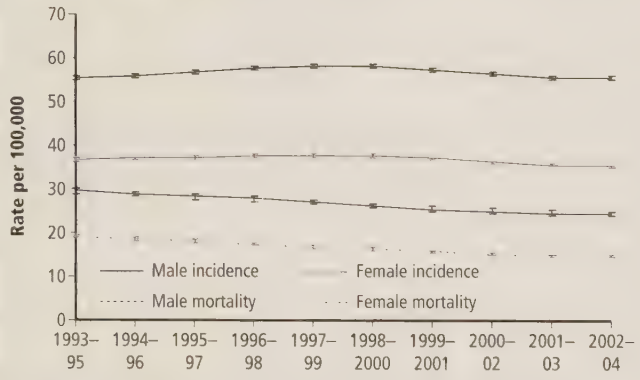
The largest fall in mortality from the four major cancers in the UK was in male lung cancer, which decreased by 26 per cent from 76 to 56 per 100,000 (Figure 10). In males, the percentage reduction was similar in each country, except in Northern Ireland where it was smaller (17 per cent) so it no longer had the lowest male rate (Figure 12a). In contrast, female mortality rates in the UK fell by only 2 per cent (Figure 10). There were no significant changes in any of the constituent countries (Figure 12b). Scotland consistently had the highest lung cancer mortality rates for males and females, with rates well above the UK average (35 per cent higher for males and 46 per cent higher for females in 2002–04), as they were for incidence.

Colorectal cancer

Colorectal cancer is more common in males than in females – in 2004, there were around 19,700 newly diagnosed cases in males and 16,500 in females in the UK (Table 1). Colorectal cancer incidence rates in the UK remained stable at around 55 per 100,000 for males, but there was a significant fall of 4 per cent from 37 to 35 for females (Figure 13). Over the period of study, Northern Ireland had the only significant fall in incidence rates for males (8 per cent) and the largest fall for females (10 per cent) (Figures 14a and b). Scotland and Northern Ireland had colorectal cancer incidence rates that were significantly above the UK average for both sexes over the study period, as did Wales for males.

Figure 13 Colorectal cancer: age-standardised incidence and mortality, by sex, 1993–2004

United Kingdom



There was a large fall in colorectal cancer mortality rates in the UK among both males and females (Figure 13) – in males the rate fell by 18 per cent and in females it fell by 23 per cent. The colorectal cancer mortality rates for both sexes declined in all constituent countries between 1993–95 and 2002–04 (Figure 15a). The falls in males ranged from 21 per cent in Wales, to 14 per cent in Scotland and 13 per cent in Northern Ireland. There was less variation in rates among females across the constituent countries, with Scotland having the highest rates during the period of study and England the lowest: 17 and 14 per 100,000 respectively in 2002–04.

Discussion

This article has presented trends in cancer incidence and mortality for all cancers and the four main cancer sites in the UK for the period 1993–2004. Many cancers take many years to develop before being diagnosed, and cancer incidence and mortality generally exhibit only slowly increasing or decreasing trends. For some cancers, future trends will be determined to a great extent by people's earlier exposure to various risk factors. Consequently, past trends are a good guide to the future with the exception of cancers for which there have been major public health interventions, such as screening for breast cancer. Cancer incidence and mortality vary geographically within the countries of the UK; local level data have not been presented in this article but can be found in the *Cancer Atlas* for 1991–2000 for the UK and Ireland.[32]

Increased ascertainment by the cancer registries and improvements in diagnostic techniques, for many cancers, have contributed to the observed increase in the overall incidence of cancer over time. Changes in mortality rates reflect both changes in the number of new cases for some cancers and also changes in survival from cancer.

Breast cancer mortality rates fell by nearly a quarter between 1993–95 and 2002–04, though breast cancer incidence rates increased over the period. Breast screening has significantly contributed both to the increase in incidence and the reduction in mortality rates for breast cancer, alongside improvements in treatment and the development of new drugs such as tamoxifen. Before the introduction of breast screening, age-standardised incidence had increased by about 2 per cent each year from the late 1970s.

The aim of breast screening is to detect already developing cancer in its early stages, enabling earlier and more effective treatment. Introduced in 1988, the NHS had the first National Breast Cancer Screening Programme in Europe. National coverage was achieved by the mid-1990s. Over the past decade this programme has been substantially

Figure 14 Colorectal cancer: age-standardised incidence, by sex and country, 1993–2004

United Kingdom

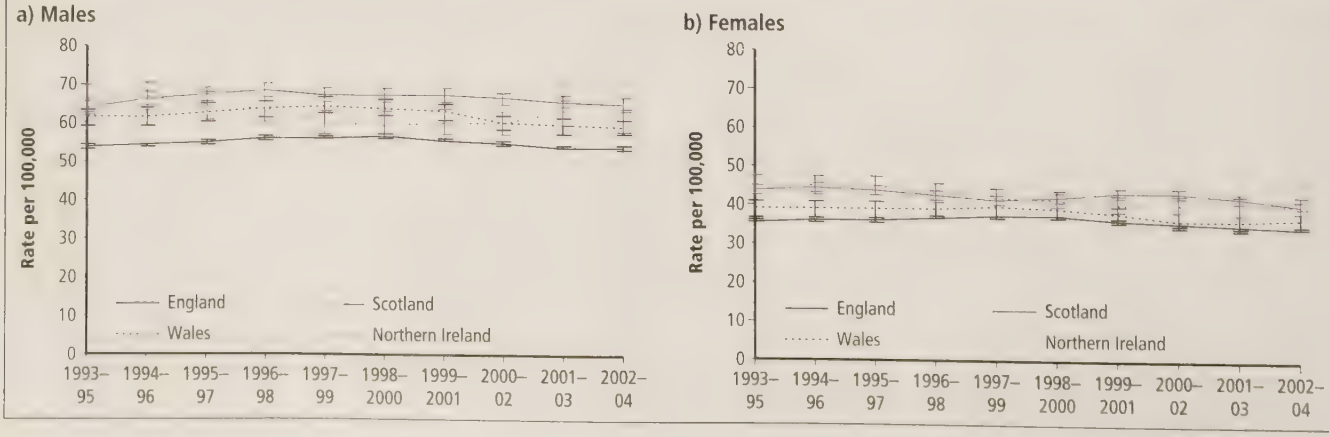
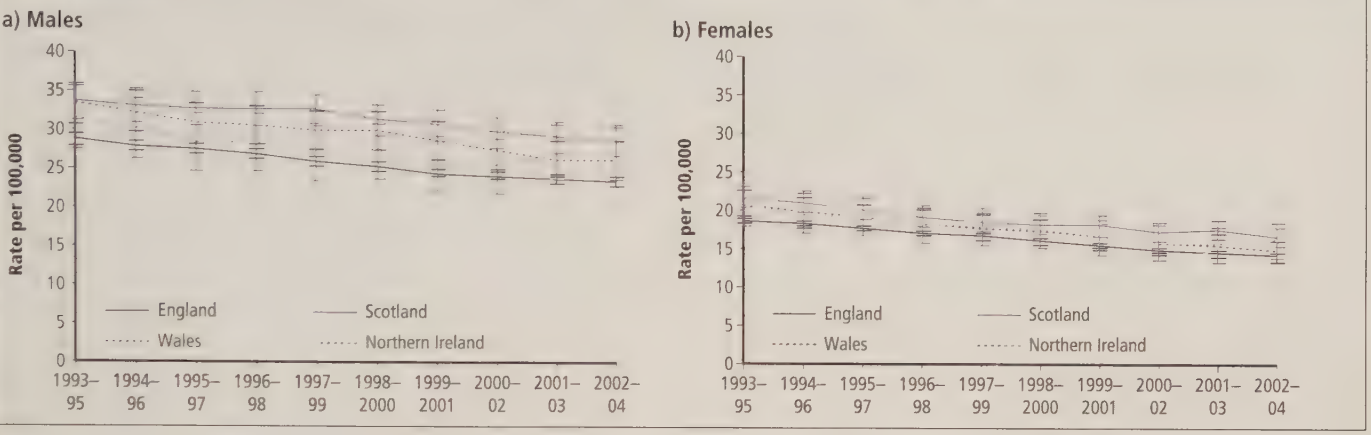


Figure 15 Colorectal cancer: age-standardised mortality, by sex and country, 1993–2004

United Kingdom



enhanced giving major improvements for patients.[33] About three-quarters of women in the UK attended their breast screening appointment.[34] The number of women of all ages attending increased by 23 per cent, from 1.4 million in 1997–98 to 1.7 million in 2004–05. Research has shown that women living in inner city areas and from some minority ethnic groups are less likely to accept their invitations.[35] They may not therefore be diagnosed in the early stages when treatment can be more effective.

The rapid increase in prostate cancer incidence in the UK by 41 per cent from 67 to 95 per 100,000 between 1993–95 and 2002–04 is largely the result of greater awareness and widespread use of prostate specific antigen (PSA) testing, particularly in the late 1990s; at the same time mortality rates have fallen by 12 per cent. PSA testing has been available since the late 1980s. The level of PSA in the blood is one of a range of investigations that may be undertaken to help confirm a diagnosis of prostate cancer. Currently available tests cannot differentiate between those men whose prostate cancer will grow rapidly and aggressively and those in whom it will remain localised to the prostate for the rest of their lives. Many men who develop prostate cancer do not die of it. Indeed, a great many men are never actually aware that they have prostate cancer and live long lives before dying of other, unrelated, conditions. It is not known how testing might influence mortality rates in the future, as this depends on whether detection results in more successful treatment.

PSA testing as a means of population screening for prostate cancer is not currently recommended by the UK Screening Committee, as none of the diagnostic procedures and treatment options for prostate cancer are without side effects. For these reasons, no country in the UK provides a prostate screening programme. The use of PSA testing is increasingly widespread, but uptake is not uniform among the population. There are no routinely collected data in the UK with which to monitor or study the extent to which men are being tested for prostate cancer.[36] An investigation of the rate of PSA testing in general practice in England and Wales of men with no prior diagnosis of prostate cancer was estimated to be 6 per 100 men.[37] The overall rate of PSA testing increased significantly between 1999 and 2002.

In males, there was a 25 per cent fall in lung cancer incidence rates and a 26 per cent fall in mortality rates between 1993–95 and 2002–04, with a steady decline in smoking prevalence playing an important part in this fall. In females there were no significant changes in mortality, but incidence increased in Wales and Scotland. The greatest risk factor for lung cancer is tobacco smoking, accounting for 90 per cent of cases in men and 80 per cent in women.[38, 39] While men are still more likely than women to smoke cigarettes, the gap has narrowed. In 1974, 51 per cent of men and 41 per cent of women in Great Britain smoked. In 2005, 25 per cent of men and 23 per cent of women were cigarette smokers.[40]

Differences in the observed lung cancer rates between the sexes are largely explained by smoking habits. In almost all countries, fewer women smoke, or (where this is no longer the case) started to smoke more recently than men, started later in life, smoke less and use brands of cigarette containing less tar.[20] Men and women in manual households have always been more likely to smoke than those in non-manual households. All groups have shown a decline in smoking prevalence between 1972 and 1994, after which the decline slowed or stopped. Rates of decline among the manual groups and non-manual groups were similar, although there was a slightly slower rate of decline for women than men. People born more recently (1956–1985) are less likely to have started smoking than were people born earlier, and are less likely to give up. The rates of giving up among the non-manual group declined slightly, but the vast majority of men and women in manual occupations who started smoking remained smokers.[41] Government legislation, such as all enclosed public places and workplaces becoming smoke-free from March 2006 in Scotland, from April 2007 in Wales and Northern Ireland and from July 2007 in England;[42] and the raising of the legal age of buying tobacco from 16 to 18 from 1 October 2007 in England,[43] Wales[43] and Scotland[44] may well have an impact on future smoking trends.

There has been little change in the incidence of colorectal cancer in males or females. Death rates for colorectal cancer have fallen by 18 per cent in males and 25 per cent in females over the period of study. Following the conclusion of successful pilots on bowel cancer screening, national implementation in England commenced in 2006 and is planned to cover the whole of the country by 2009.[33] In England, people aged 60–69 will be screened every two years. In Scotland from 2007, people aged 50–74 will be screened every two years.[45] In Wales and Northern Ireland the plans are still to be confirmed. Bowel cancer screening is likely to increase the number of newly diagnosed cases (incidence) of colorectal cancer.

Progress has been made with treatment of cancer over the past ten years. This applies to surgery, radiotherapy, chemotherapy, hormonal therapies and novel treatments.[33] Pathology reports increasingly contribute to data completeness and have increased cancer registrations. This is especially the case for prostate cancer as prostate biopsies are often undertaken as outpatient procedures, and the management of prostate cancer does not always involve an inpatient episode. Cancer is also a major focus of attention in preventative health. Smoking is the largest single cause of preventable deaths in the UK.[17] Other lifestyle factors such as sun exposure, alcohol use, diet and physical activity receive much media coverage. The well-established screening programmes are an important means of early detection to reduce cancer morbidity and mortality.

Key findings

- Differences between the four constituent countries of the UK in incidence of the four most common cancers generally decreased between 1993–95 and 2002–04, apart from those for prostate cancer in men and lung cancer in women, where the differences increased
- The difference between countries in mortality rates for the four most common cancers decreased, apart from that for breast cancer in women and colorectal cancer in men, which increased
- UK lung cancer incidence and mortality rates both decreased in males by a quarter over the period 1993–95 to 2002–04
- Female lung cancer incidence rates rose in Wales and Scotland over the period
- In 2002–04, male lung cancer incidence and mortality rates in Scotland were more than one-third higher than those in the UK, and female rates were around 50 per cent higher
- UK breast cancer mortality rates fell between 1993–95 and 2002–04 by 22 per cent, though incidence increased by 13 per cent
- UK prostate cancer mortality rates fell over the period by 12 per cent while incidence increased by 41 per cent
- UK colorectal cancer mortality rates fell over the period, by nearly a fifth in males and a quarter in females, while incidence remained stable

Acknowledgements

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Appendix

Table A1 All cancers:[1] age-standardised incidence and mortality rate per 100,000 population, UK and constituent countries, rolling three-year averages, 1993–2004

United Kingdom

	1993–95	1994–96	1995–97	1996–98	1997–99	1998–2000	1999–2001	2000–02	2001–03	2002–04	Percentage change 1993–95 to 2002–04
Male incidence											
United Kingdom	412	414	413	412	413	413	416	414	411	409	–1[2]
England	403	404	404	404	407	407	410	408	405	401	0
Wales	440	440	437	431	433	435	445	444	449	453	3[2]
Scotland	482	490	486	480	464	457	454	455	456	455	–6[2]
Northern Ireland	423	419	410	407	396	394	394	400	405	404	–4[2]
Female incidence											
United Kingdom	335	338	342	345	350	351	351	348	348	348	4[2]
England	329	331	336	340	346	347	348	343	344	343	4[2]
Wales	358	356	353	353	359	361	363	364	366	371	4[2]
Scotland	379	388	392	392	386	385	383	383	380	384	1[2]
Northern Ireland	341	340	341	343	343	346	341	342	344	351	3[2]
Male mortality											
United Kingdom	268	264	258	253	247	242	237	234	231	227	–15[2]
England	264	259	253	249	243	238	232	229	226	222	–16[2]
Wales	276	268	260	254	249	243	240	235	234	231	–16[2]
Scotland	305	299	294	287	280	275	274	271	269	263	–14[2]
Northern Ireland	253	251	247	247	239	232	229	230	232	227	–10[2]
Female mortality											
United Kingdom	179	177	175	172	170	167	165	163	161	159	–11[2]
England	177	174	172	170	167	164	162	160	158	156	–12[2]
Wales	182	178	174	174	174	172	170	167	165	163	–11[2]
Scotland	202	200	197	194	191	189	188	185	184	182	–10[2]
Northern Ireland	170	166	164	163	163	163	163	160	158	157	–8[2]

1 Incidence excludes non-melanoma skin cancer.
2 Denotes significant change at the 95 per cent confidence level.

Table A2 Breast cancer: age-standardised incidence and mortality rate per 100,000 females, UK and constituent countries, rolling three-year averages, 1993–2004

United Kingdom

	1993–95	1994–96	1995–97	1996–98	1997–99	1998–2000	1999–2001	2000–02	2001–03	2002–04	Percentage change 1993–95 to 2002–04
Incidence											
United Kingdom	106	107	110	112	116	117	117	116	118	120	13[1]
England	106	107	110	113	117	117	118	117	119	120	14[1]
Wales	118	114	109	108	112	113	115	116	119	121	3
Scotland	107	108	111	112	115	118	117	116	116	118	11[1]
Northern Ireland	99	102	101	101	103	106	106	104	106	111	11[1]
Mortality											
United Kingdom	37	36	35	34	33	32	32	31	30	29	–22[1]
England	37	36	35	34	33	32	31	31	30	29	–22[1]
Wales	38	37	35	35	34	34	33	32	31	30	–22[1]
Scotland	38	37	35	34	33	32	32	31	31	30	–22[1]
Northern Ireland	37	35	32	30	29	30	30	29	28	28	–25[1]

1 Denotes significant change at the 95 per cent confidence level.

Table A3 Prostate cancer: age-standardised incidence and mortality rate per 100,000 males, UK and constituent countries, rolling three-year averages, 1993–2004

United Kingdom

	1993–95	1994–96	1995–97	1996–98	1997–99	1998–2000	1999–2001	2000–02	2001–03	2002–04	Percentage change 1993–95 to 2002–04
Incidence											
United Kingdom	67	70	71	71	73	77	87	90	93	95	41[1]
England	67	70	71	71	73	78	85	91	94	95	43[1]
Wales	69	70	72	72	77	82	90	93	98	105	53[1]
Scotland	70	75	75	74	72	72	74	78	81	84	20[1]
Northern Ireland	65	64	63	62	63	66	68	73	79	85	31[1]
Mortality											
United Kingdom	31	30	30	29	28	28	27	27	27	27	–12[1]
England	31	31	30	29	29	28	27	27	27	27	–12[1]
Wales	31	32	32	29	29	28	29	29	29	28	–10[1]
Scotland	30	29	28	27	27	27	28	27	27	26	–11[1]
Northern Ireland	27	28	28	28	26	26	26	25	25	25	–7

1 Denotes significant change at the 95 per cent confidence level.

Table A4 Lung cancer: age-standardised incidence and mortality rate per 100,000 population, UK and constituent countries, rolling three-year averages, 1993–2004

United Kingdom

	1993–95	1994–96	1995–97	1996–98	1997–99	1998–2000	1999–2001	2000–02	2001–03	2002–04	Percentage change 1993–95 to 2002–04
Male incidence											
United Kingdom	85	82	79	76	74	72	70	68	66	64	–25[1]
England	82	79	76	74	72	70	68	66	63	61	–25[1]
Wales	88	84	80	76	72	70	70	70	69	68	–23[1]
Scotland	113	109	106	103	99	95	92	91	89	87	–23[1]
Northern Ireland	80	78	73	73	70	68	67	66	65	63	–21[1]
Female incidence											
United Kingdom	35	35	35	36	36	36	36	36	36	36	2
England	34	34	34	34	34	34	34	34	34	34	0
Wales	35	36	36	35	35	35	36	37	37	38	10[1]
Scotland	51	53	54	55	53	53	51	52	52	54	6[1]
Northern Ireland	34	33	33	32	33	34	34	33	33	34	0
Male mortality											
United Kingdom	76	73	70	68	65	63	61	59	58	56	–26[1]
England	73	71	68	66	63	61	59	57	56	54	–27[1]
Wales	77	71	67	63	62	60	59	58	56	56	–27[1]
Scotland	100	96	92	88	85	82	80	80	78	75	–25[1]
Northern Ireland	70	68	67	65	62	60	60	60	59	58	–17[1]
Female mortality											
United Kingdom	31	31	30	30	30	30	30	30	30	30	–2
England	29	29	29	29	29	29	28	28	28	28	–3
Wales	28	28	28	29	29	29	29	29	29	29	3
Scotland	43	44	44	44	43	44	43	44	43	44	1
Northern Ireland	27	27	28	28	28	29	29	29	28	29	7

1 Denotes significant change at the 95 per cent confidence level.

Table A5 Colorectal cancer: age-standardised incidence and mortality rate per 100,000 population, UK and constituent countries, rolling three-year averages, 1993–2004

United Kingdom

	1993–95	1994–96	1995–97	1996–98	1997–99	1998–2000	1999–2001	2000–02	2001–03	2002–04	Percentage change 1993–95 to 2002–04
Male incidence											
United Kingdom	55	56	57	58	58	58	57	56	56	55	0
England	54	54	55	56	56	57	56	55	54	54	0
Wales	61	62	63	64	65	64	63	60	60	59	–3
Scotland	64	66	67	69	68	68	68	67	66	65	2[1]
Northern Ireland	66	67	65	64	60	60	61	60	63	61	–8
Female incidence											
United Kingdom	37	37	37	38	38	38	37	36	36	35	–4[1]
England	36	36	36	37	37	37	36	35	35	35	–3[1]
Wales	39	39	39	39	40	39	38	36	36	37	–6
Scotland	44	45	44	43	42	42	43	43	42	41	–7[1]
Northern Ireland	45	45	45	43	42	42	41	40	40	41	–10[1]
Male mortality											
United Kingdom	29	29	28	28	27	26	25	25	25	24	–18[1]
England	29	28	28	27	26	25	25	24	24	24	–18[1]
Wales	33	32	31	31	30	30	29	28	26	26	–20[1]
Scotland	34	33	33	33	33	32	31	30	29	29	–14[1]
Northern Ireland	32	30	29	29	27	27	26	26	27	27	–13[1]
Female mortality											
United Kingdom	19	19	18	17	17	16	16	15	15	15	–23[1]
England	19	18	18	17	17	16	15	15	15	14	–23[1]
Wales	21	20	19	18	18	17	17	16	16	15	–28[1]
Scotland	22	21	20	19	19	18	18	17	18	17	–22[1]
Northern Ireland	21	20	19	18	18	18	17	16	16	16	–21[1]

1 Denotes significant change at the 95 per cent confidence level.

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Symbols

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Notes to tables

Time series
For most tables, years start at 1971 and then continue at five-year intervals until 1991. Individual years are shown thereafter. If a year is not present the data are not available.

United Kingdom
The United Kingdom comprises England, Wales, Scotland and Northern Ireland. The Channel Islands and the Isle of Man are not part of the United Kingdom.

Population
The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of HM and US Armed Forces in England and Wales are included on residential basis wherever possible. HM Forces stationed outside England and Wales are not included. Students are taken to be resident at their term time addresses.

Further information on population estimates is available on the National Statistics website at: www.statistics.gov.uk/popest

Live births
For England and Wales, figures relate to the number of births occurring in a period; for Scotland and Northern Ireland, figures relate to births registered in a period. By law, births must be registered within 42 days in England and Wales, within 21 days in Scotland, and within 42 days in Northern Ireland. In England and Wales, where a birth is registered later than the legal time period, and too late to be included in the count for the year of occurrence, it will be included in the count for the following year.

Perinatal mortality
In October 1992 the legal definition of a stillbirth was changed, from a baby born dead after 28 completed weeks of gestation or more, to one born dead after 24 completed weeks of gestation or more.

Period expectation of life
The life tables on which these expectations are based use death rates for the given period to describe mortality levels for each year. Each individual year shown is based on a three-year period, so that for instance 1986 represents 1985–87. More details can be found at: www.gad.gov.uk/life_tables/interim_life_tables.htm

Deaths
Figures for England and Wales relate to the number of deaths registered in each year up to 1992, and the number occurring in each year from 1993, though 2006 and provisional 2007 figures relate to the number of registrations. Figures for both Scotland and Northern Ireland relate to the number of deaths registered in each year.

Coding cause of death
Between 1 January 1984 and 31 December 1992, ONS applied its own interpretation of the International Classification of Diseases (ICD) Section Rule 3 in the coding of deaths where terminal events and other 'modes of dying' such as cardiac arrest, cardiac failure, certain thrombembolic disorders, and unspecified pneumonia and bronchopneumonia, were stated by the certifier to be the underlying cause of death and other major pathology appeared on the certificate. In these cases ONS Rule 3 allowed the terminal event to be considered a direct sequel to the major pathology and that primary condition was selected as the underlying cause of death. Prior to 1984 and between 1 January 1993 and 31 December 2000, such certificates were coded to the terminal event. National Statistics also introduced automated coding of cause of death in 1993, which may also affect comparisons of deaths by cause from 1993. Further details can be found in the annual volumes *Mortality statistics: Cause 1984*, Series DH2 no. 11, and *Mortality statistics: Cause 1993* (revised) and 1994, Series DH2 no. 21.

From 1 January 2001, under ICD-10, Rule 3 has again been changed – for details see the article in *Health Statistics Quarterly*13. This has resulted in a fall in the death rates from respiratory diseases, notably pneumonia, and consequently slight rises in the rates for other causes eg. strokes. For details of the major changes between ICD-9 and ICD-10, see the articles in *Health Statistics Quarterly* 08, 13 and 14.

Age-standardised mortality rates
Directly age-standardised rates make allowances for changes in the age structure of the population. The age-standardised rate for a particular condition is that which would have occurred if the observed age-specific rates for the condition had applied in a given standard population. Tables 2.2 and 6.3 use the European Standard Population. This is a hypothetical population standard which is the same for both males and females allowing standardised rates to be compared for each sex, and between males and females.

Abortions
Figures relate to numbers occurring in a period.

Calculating quarterly rates
The denominators used for calculating quarterly rates for births, conceptions and abortions have been produced from mid-year population estimates and projections by linear interpolation.

Marriages and divorces
Marriages are tabulated according to date of solemnisation. Divorces are tabulated according to date of decree absolute. In Scotland a small number of late divorces from previous years are added to the current year. The term 'divorces' includes decrees of nullity. The fact that a marriage or divorce has taken place in England, Wales, Scotland or Northern Ireland does not necessarily mean that either of the parties is resident there.

Civil Partnerships
The Civil Partnership Act 2004 came into force on 5 December 2005 in the UK, the first day couples could give notice of their intention to form a civil partnership. The first day that couples could normally form a partnership was 19 December 2005 in Northern Ireland, 20 December 2005 in Scotland and 21 December 2005 in England and Wales.

Civil partnerships are tabulated according to date of formation and area of occurrence. The fact that a civil partnership has taken place in England, Wales, Scotland or Northern Ireland does not necessarily mean either of the parties is resident there.

Sources
Figures for Scotland and Northern Ireland have been provided by the General Register Office for Scotland and the Northern Ireland Statistics and Research Agency respectively.

Rounding
All figures are rounded independently; constituent parts may not add to totals. Generally numbers and rates per 1,000 population are rounded to one decimal place (for example 123.4); where appropriate, for small figures (below 10.0), two decimal places are given (for example 7.62). Figures which are provisional or estimated are given in less detail (for example 123 or 7.6 respectively) if their reliability does not justify giving the standard amount of detail. Where figures need to be treated with particular caution, an explanation is given as a footnote.

Latest figures
Figures for the latest quarters and years may be provisional and will be updated in future issues when later information becomes available. Where figures are not yet available, cells are left blank.

Table 1.1 Population and vital rates: international

Selected countries

Numbers, thousands; Rates per thousand

Year	United Kingdom	Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Irish Republic
Population (thousands)													
1971	55,928	7,501	9,673	..	9,810	4,963	1,369	4,612	51,251	78,313	8,831	10,370	2,992
1976	56,216	7,566	9,818	498	10,094	5,073	1,435	4,726	52,909	78,337	9,167	10,590	3,238
1981	56,357	7,569	9,859	515	10,293	5,121	1,482	4,800	54,182	78,408	9,729	10,712	3,443
1986	56,684	7,588	9,862	545	10,340	5,120	1,534	4,918	55,547	77,720	9,967	10,631	3,543
1991	57,439	7,813	9,979	587	10,309	5,154	1,566	5,014	57,055	79,984	10,247	10,346	3,526
1996	58,164	7,959	10,137	661 [12]	10,315	5,262	1,416	5,125	58,026	81,896	10,709	10,193	3,626 [13]
2001	59,113	8,043	10,287	701 [12]	10,224	5,359	1,364	5,188	59,322	82,340	10,950	10,188	3,839 [13]
2002	59,323	8,084	10,333	710 [12]	10,201	5,374	1,359	5,201	59,678	82,482	10,988	10,159	3,917 [13]
2003	59,557	8,118	10,376	721 [12]	10,202	5,387	1,354	5,213	60,028	82,520	11,024	10,130	3,996 [13]
2004	59,846	8,175	10,421	737 [12]	10,207	5,401	1,349	5,228	60,381	82,501	11,062	10,107	4,044 [13]
2005	60,238	8,230	10,480	760 [12]	10,230	5,420	1,350	5,250	60,870	82,470	11,083	10,090	4,130 [13]
2006	60,587	8,280 p	10,511 p	766 [12]	10,280 p	5,427	1,345 p	5,270 p	61,350 p	82,370 p	11,150 p	10,077 p	4,230 [13]
Population changes (per 1,000 per annum)													
1971–76	1.0	1.7	3.0	..	5.8	4.4	9.6	4.9	6.5	0.1	7.6	4.2	16.4
1976–81	0.5	0.1	0.8	6.8	3.9	1.9	6.6	3.1	4.8	0.2	12.3	2.3	12.7
1981–86	1.2	0.5	0.1	11.7	0.9	0.0	7.0	4.9	5.0	–1.8	4.9	–1.5	5.8
1986–91	2.7	5.9	2.4	15.4	–0.6	1.3	4.2	3.9	5.4	5.8	5.6	–5.4	–1.0
1991–96	2.5	3.7	3.6	25.2	0.1	4.2	–12.4	3.8	3.4	4.8	9.0	–3.0	4.3
1996–01	3.3	2.1	2.6	12.1	–1.8	3.7	–7.3	2.5	4.5	1.1	4.5	–0.1	11.7
2001–02	3.5	5.1	4.5	12.8	–2.2	2.8	–3.7	2.5	6.0	1.7	4.4	–2.8	20.3
2002–03	3.9	4.2	4.2	15.5	0.1	2.4	–3.7	2.3	5.9	0.5	2.4	–2.9	20.2
2003–04	4.8	7.0	4.3	22.2	0.5	2.6	–3.7	2.9	5.9	–0.2	3.4	–2.3	12.0
2004–05	6.6	6.7	5.7	31.2	2.3	3.5	0.7	4.2	8.1	–0.4	1.9	–1.7	21.3
2005–06	5.8	6.1	3.0	7.9	4.9	1.3	–3.7	3.8	7.9	–1.2	6.0	–1.3	24.2
Live birth rate (per 1,000 population per annum)													
1971–75	14.1	13.3	13.4	17.7	17.8	14.6	15.4	13.1	16.0	10.5	15.8	16.1	22.2
1976–80	12.5	11.5	12.5	19.0	17.1	12.0	15.0	13.6	14.1	10.5	15.6	15.8	21.3
1981–85	12.9	12.0	12.0	20.2	13.5	10.2	15.6	13.4	14.2	10.7	13.3	12.3	19.2
1986–90	13.7	11.6	12.1	18.8	12.7	11.5	15.5	12.7	13.8	9.8	10.6	11.8	15.8
1991–95	13.2	11.8	12.0	16.9	11.1	13.1	10.7	12.9	12.7	10.9	9.9	11.7	14.0
1996–00	12.0	10.2	11.2	13.2	8.8	12.6	8.9	11.3	12.7	9.6	10.2	9.8	14.2
2001	11.3	9.4	11.1	11.6	8.9	12.2	9.3	10.8	13.0	8.9	9.3	9.5	15.1
2002	11.3	9.7	10.8	11.1	9.6	11.9	9.6	10.7	12.7	8.7	9.5	9.5	15.5
2003	11.7	9.5	10.9	11.2	9.2	12.0	9.6	10.9	12.7	8.6	9.5	9.3	15.4
2004	12.1	9.7	11.1	11.3	9.6	11.9	10.4	11.0	12.7	8.6	9.6	9.4	15.3
2005	12.0	9.5	11.2	10.9	10.0	11.9	10.7	11.0	12.7	8.3	9.7	9.7	14.8
2006	12.4	9.3	..	11.3	10.3		..	11.2	13.0	8.2	..	..	15.2
Death rate (per 1,000 population per annum)													
1971–75	11.8	12.6	12.1	9.9	12.4	10.1	11.1	9.5	10.7	12.3	8.6	11.9	11.0
1976–80	11.9	12.3	11.6	10.4	12.5	10.5	12.1	9.3	10.2	12.2	8.8	12.9	10.2
1981–85	11.7	12.0	11.4	10.0	12.8	11.1	12.3	9.3	10.1	12.0	9.0	13.7	9.4
1986–90	11.4	11.1	10.8	10.2	12.4	11.5	11.9	9.8	9.5	11.6	9.3	13.5	9.1
1991–95	11.1	10.4	10.4	9.0	11.6	11.9	13.9	9.8	9.1	10.8	9.5	14.3	8.8
1996–00	10.6	9.7	10.3	7.7	10.8	11.2	13.1	9.6	9.2	10.4	9.7	13.9	8.5
2001	10.2	9.3	10.1	6.9	10.5	10.9	13.6	9.4	8.9	10.1	9.4	13.0	7.9
2002	10.2	9.4	10.2	7.3	10.6	10.9	13.5	9.5	9.2	10.2	9.5	13.1	7.5
2003	10.3	9.5	10.4	7.2	10.9	10.7	13.4	9.4	9.2	10.3	9.6	13.4	7.2
2004	9.7	9.1	9.8	7.1	10.5	10.3	13.2	9.1	8.4	10.0	9.5	13.1	7.0
2005	9.7	9.1	9.8	7.2	10.6	10.2	12.9	9.1	8.6	10.1	9.5	13.5	6.6
2006	9.5	8.9	..	6.7	10.2	..	..	9.1	..	9.9	..	..	6.5

Note:
Estimated population (mid-year), live birth and death rates up to the latest available data, as given in the *United Nations Monthly Bulletin of Statistics (February 2008)*, the *United Nations Demographic Yearbook system*, and the *Eurostat Yearbook 2006 (May 2007)*.

1 Republic of Cyprus - Greek Cypriot controlled area only
2 Including former GDR throughout.
3 Greece - mid-year population excludes armed forces stationed outside the country but includes alien forces stationed in the area.
4 Malta - including work and resident permit holders and foreigners residing in Malta.
5 Poland - excluding civilian aliens within the country but including civilian nationals temporarily outside the country. Average year data for 2000 and 2001 contain revised data according to the final results of the population census 2002.
6 Portugal - including the Azores and Madeira islands.
7 Spain - including the Balearic and Canary Islands.
8 The European Union consists of 25 member countries (EU25) - 1 May 2004 (10 new member countries).
9 Including the Indian held part of Jammu and Kashmir, the final status of which has not yet been determined.
10 Japan - excluding diplomatic personnel outside the country and foreign military and civilian personnel and their dependants stationed in the area. Rates are based on births to or deaths of Japanese nationals only.
11 USA - excluding armed forces overseas and civilian citizens absent from the country for extended periods.
12 Indicates population estimates of uncertain reliability.
13 Data refer to 15 April.
14 Figures were updated taking into account the results of the 2002 All Russian Population Census.
15 Mid-year estimates have been adjusted for under-enumeration.
16 For statistical purposes the data for China do not include those for the Hong Kong SAR, Macao SAR and Taiwan province of China. Data for the period 1996 to 2000 have been adjusted on the basis of the Population Census of 2000. Data from 2001 to 2004 have been estimated on the basis of the annual national sample surveys of Population Changes. Estimate of uncertain reliability. Death rates for 1999–2003 and birth rates for 2000–2003 were obtained by the Sample Survey of Population Change 2003 in China.
17 Rate is for 1990–1995.
p provisional.

Table 1.1 continued **Population and vital rates: international**

Selected countries

Numbers (thousands)/Rates per thousand

Year	United Kingdom	Italy	Latvia	Lithuania	Luxem–bourg	Malta[4]	Nether–lands	Poland[5]	Portugal[6]	Slovakia	Slovenia	Spain[7]	Sweden	EU–25[8]
Population (thousands)														
1971	55,928	54,073	2,366	3,160	342	330	13,194	32,800	8,644	4,540	1,732	34,216	8,098	..
1976	56,216	55,718	2,465	3,315	361	330	13,774	34,360	9,356	4,764	1,809	36,118	8,222	420,258
1981	56,357	56,502	2,515	3,422	365	322	14,247	35,902	9,851	4,996	1,910	37,741	8,320	428,563
1986	56,684	56,596	2,588	3,560	368	344	14,572	37,456	10,011	5,179	1,975	38,536	8,370	433,555
1991	57,439	56,751	2,662	3,742	387	358	15,070	38,245	9,871	5,283	2,002	38,920	8,617	440,927
1996	58,164	56,860	2,457	3,602	414	380	15,530	38,618	10,058	5,374	1,991	39,479	8,841	447,113
2001	59,113	56,978	2,355	3,481	442	393	16,046	38,251	10,293	5,380	1,992	40,721	8,896	452,146
2002	59,323	57,157	2,339	3,469	446	396	16,149	38,232	10,368	5,379	1,996	41,314	8,925	453,979
2003	59,557	57,605	2,325	3,454	450	399	16,225	38,195	10,441	5,379	1,997	42,005	8,958	456,059
2004	59,846	58,175	2,313	3,436	453	401	16,282	38,180	10,502	5,382	1,997	42,692	8,994	458,266
2005	60,238	58,610	2,306	3,410	460	403	16,320	38,160	10,550	5,390	2,000	43,400	9,030	460,640
2006	60,587	58,880[P]	2,295	3,390[P]	470[P]	410	16,340[P]	38,130	10,580	5,400[P]	2,010	44,100	9,090[P]	462,738[P]
Population changes (per 1,000 per annum)														
1971–76	1.0	6.1	8.4	9.8	10.7	0.0	8.8	9.5	16.5	9.9	8.9	11.1	3.1	..
1976–81	0.5	2.8	4.1	6.5	2.5	– 4.8	6.9	9.0	10.6	9.7	11.2	9.0	2.4	4.0
1981–86	1.2	0.3	5.8	8.1	1.8	13.7	4.6	8.7	3.2	7.3	6.8	4.2	1.2	2.3
1986–91	2.7	0.5	5.7	10.2	10.2	8.1	6.8	4.2	–2.8	4.0	2.7	2.0	5.9	3.4
1991–96	2.5	0.4	–12.8	– 1.7	13.9	8.4	6.1	2.0	3.8	3.4	–1.1	2.9	5.1	2.7
1996–01	3.3	0.4	– 8.3	– 6.7	13.5	6.8	6.6	– 1.9	4.7	0.2	0.1	6.3	1.2	2.3
2001–02	3.5	3.1	– 6.8	– 3.4	9.0	7.6	6.4	– 0.5	7.3	–0.2	2.0	14.6	3.3	4.1
2002–03	3.9	7.8	– 6.0	– 4.3	9.0	7.6	4.7	– 1.0	7.0	0.0	0.5	16.7	3.7	4.6
2003–04	4.8	9.9	– 5.2	– 5.2	6.7	5.0	3.5	– 0.4	5.8	0.6	0.0	16.4	4.0	4.8
2004–05	6.6	7.5	– 3.0	– 7.6	15.5	5.0	2.3	– 0.5	4.6	1.5	1.5	16.6	4.0	5.2
2005–06	5.8	4.6	– 4.8	– 5.9	21.7	17.4	1.2	– 0.8	2.8	1.9	5.0	16.1	6.6	4.6
Live birth rate (per 1,000 population per annum)														
1971–75	14.1	16.0	14.4	16.4	11.6	17.5	14.9	17.9	20.3	19.7	16.4	19.2	13.5	..
1976–80	12.5	12.6	13.9	15.4	11.2	17.0	12.6	19.3	17.9	20.3	16.3	17.1	11.6	..
1981–85	12.9	10.6	15.2	16.0	11.6	15.3	12.2	19.0	14.5	18.0	14.2	12.8	11.3	..
1986–90	13.7	9.8	15.3	15.8	12.2	16.0	12.8	15.5	11.9	15.8	12.3	10.8	13.2	..
1991–95	13.2	9.6	10.8	13.1	13.3	14.0	12.8	12.9	11.4	13.3	10.0	9.8	13.3	11.4
1996–00	12.0	9.2	8.0	10.4	13.1	12.0	12.6	10.4	11.3	10.7	9.1	9.5	10.2	10.6
2001	11.3	9.2	8.3	9.1	12.4	10.0	12.6	9.6	11.0	9.5	8.8	10.0	10.3	10.2
2002	11.3	9.4	8.6	8.7	12.0	9.6	12.5	9.3	11.0	9.5	8.8	10.2	10.7	10.3
2003	11.7	9.4	9.0	8.9	11.8	10.1	12.3	9.2	10.8	9.6	8.7	10.5	11.1	10.3
2004	12.1	9.7	8.8	8.9	11.8	9.7	11.9	9.3	10.4	10.0	9.0	10.6	11.2	10.5
2005	12.0	9.5	9.4	9.0	11.8	9.6	11.5	9.6	10.4	9.3	9.1	10.7	11.2	10.4
2006	12.4	..	..	9.2	..	..	11.3	9.8	10.0	..	9.4	10.9	11.7	..
Death rate (per 1,000 population per annum)														
1971–75	11.8	9.8	11.6	9.0	12.2	9.0	8.3	8.4	11.0	9.4	10.0	8.5	10.5	..
1976–80	11.9	9.7	12.6	10.1	11.5	9.0	8.1	9.2	10.1	9.8	9.8	8.0	10.9	..
1981–85	11.7	9.5	12.8	10.6	11.2	8.2	8.3	9.6	9.6	10.1	10.3	7.7	11.0	..
1986–90	11.4	9.4	12.4	10.3	10.5	7.4	8.5	10.0	9.6	10.1	9.6	8.2	11.1	..
1991–95	11.1	9.7	14.8	12.0	9.8	7.6	8.8	10.2	10.4	9.9	9.7	8.7	10.9	10.3
1996–00	10.6	9.8	13.9	11.5	9.0	7.7	8.8	9.8	10.5	9.7	9.5	9.1	10.6	10.0
2001	10.2	9.6	14.0	11.6	8.4	7.6	8.7	9.5	10.2	9.7	9.3	8.9	10.5	9.8
2002	10.2	9.8	13.9	11.8	8.4	7.8	8.8	9.4	10.2	9.6	9.4	8.9	10.6	9.7
2003	10.3	10.2	13.9	11.9	9.0	7.7	8.7	9.6	10.4	9.7	9.7	9.2	10.4	10.0
2004	9.7	9.4	13.9	12.0	7.6	7.2	8.4	9.5	9.7	9.6	9.3	8.7	10.1	9.5
2005	9.7	9.7	14.2	12.8	8.0	7.8	8.4	9.7	10.2	9.9	9.4	8.9	10.2	9.6
2006	9.5	..	..	13.2	..	..	8.3	9.7	9.7	..	9.1	8.4	10.0	..

See notes on first page of table.

Table 1.1 continued Population and vital rates: international

Selected countries

Numbers (thousands)/Rates per thousand

Year	United Kingdom	EU–25[8]	Russian Federation	Australia	Canada	New Zealand	China	India[9]	Japan[10]	USA[11]
Population (thousands)										
1971	55,928	..	130,934	13,067	22,026	2,899	852,290 [16]	551,311	105,145	207,661
1976	56,216	420,258	135,027	14,033	23,517	3,163	937,170 [16]	617,248	113,094	218,035
1981	56,357	428,563	139,225	14,923	24,900	3,195	1,008,460 [16]	675,185	117,902	229,958
1986	56,684	433,555	144,154	16,018	26,204	3,317	1,086,733 [16]	767,199	121,672	240,680
1991	57,439	440,927	148,245	17,284	28,031	3,477	1,170,100 [16]	851,897	123,964	252,639
1996	58,164	447,113	148,160[14]	18,311[15]	29,611[15]	3,732	1,217,550 [16]	942,157 [12]	125,757	269,394
2001	59,113	452,146	145,976[14]	19,413[15]	31,021[15]	3,880	1,271,850 [16]	1,035,066 [12]	127,130	285,108
2002	59,323	453,979	145,306 [14]	19,641[15]	31,373[15]	3,939	1,280,400 [16]	1,050,640 [12]	127,400	287,985
2003	59,557	456,059	144,566 [14]	19,873[15]	31,669[15]	4,009	1,288,400 [16]	1,068,214 [12]	127,650	290,850
2004	59,846	458,266	143,821 [14]	20,111[15]	32,974[15]	4,061	1,296,075 [16]	1,085,600 [12]	127,670	293,623
2005	60,238	460,640	143,150[14,P]	20,330[15]	32,310[15]	4,100	1,303,720 [16]	1,097,000 [12]	127,770	296,410
2006	60,587	462,738[P]	..	20,700[15]	32,980[15,P]	4,180	..	1,117,730 [12]	127,760	..
Population changes (per 1,000 per annum)										
1971–76	1.0	..	6.3	14.8	13.5	18.2	19.9	23.9	15.1	10.0
1976–81	0.5	4.0	6.2	12.7	11.8	2.0	15.2	18.8	8.5	10.9
1981–86	1.2	2.3	7.1	14.7	10.5	7.6	15.5	27.3	6.4	9.3
1986–91	2.7	3.4	5.7	15.8	13.9	9.6	15.3	22.1	3.8	9.9
1991–96	2.5	2.7	–1.7	11.9	11.3	14.7	10.3	21.1	2.9	12.1
1996–01	3.3	2.3	–2.9	12.0	9.5	7.9	8.9	19.7	2.2	11.7
2001–02	3.5	4.1	– 4.6	11.7	11.3	15.2	6.7	15.0	2.1	10.1
2002–03	3.9	4.6	– 5.1	11.8	9.4	17.8	6.2	16.7	2.0	9.9
2003–04	4.8	4.8	– 5.2	12.0	9.6	13.0	6.0	16.3	0.2	9.5
2004–05	6.6	5.2	– 4.7	10.9	10.5	9.6	5.9	10.5	0.8	9.5
2005–06	5.8	4.6	..	18.2	20.7	19.5	..	18.9	–0.1	..
Live birth rate (per 1,000 population per annum)										
1971–75	14.1	..	..	18.8	15.9	20.4	27.2	35.6	18.6	15.3
1976–80	12.5	..	..	15.7	15.5	16.8	18.6	33.4	14.9	15.2
1981–85	12.9	..	..	15.6	15.1	15.8	19.2	..	12.6	15.7
1986–90	13.7	..	..	15.1	14.8	17.1	..	..	10.6	16.0
1991–95	13.2	11.4	10.2	14.7	13.6	16.9	18.5 [17]	..	9.7	13.1
1996–00	12.0	10.6	8.6	13.4	11.4	14.9	..	..	9.5	14.3
2001	11.3	10.2	9.0	12.7	10.8	14.4	13.4 [16]	25.4	9.2	14.1
2002	11.3	10.3	9.6	12.8	10.5	13.7	12.9 [16]	25.0	9.1	14.0
2003	11.7	10.3	10.2	12.6	10.6	14.0	12.4 [16]	24.8	8.8	14.1
2004	12.1	10.5	10.5	12.7	10.5	14.3	12.3 [16]	24.1	8.7	14.0
2005	12.0	10.4	10.2	12.9	10.6	14.1	12.4 [16]	23.8	8.3	14.0
2006	12.4	..	..	12.9	..	..	..	..	..	..
Death rate (per 1,000 population per annum)										
1971–75	11.8	..	..	8.2	7.4	8.4	7.3	15.5	6.4	9.1
1976–80	11.9	..	..	7.6	7.2	8.2	6.6	13.8	6.1	8.7
1981–85	11.7	..	..	7.3	7.0	8.1	6.7	..	6.1	8.6
1986–90	11.4	..	..	7.2	7.3	8.2	..	..	6.4	8.7
1991–95	11.1	10.3	13.7	7.0	7.8	7.8	..	..	7.0	8.7
1996–00	10.6	10.0	14.3	6.9	7.2	7.2	..	..	7.4	8.5
2001	10.2	9.8	15.4	6.6	7.1	7.2	6.4 [16]	8.4	7.6	8.5
2002	10.2	9.7	16.1	6.8	7.1	7.1	6.4 [16]	8.1	7.7	8.5
2003	10.3	10.0	16.4	6.7	7.1	7.0	6.4 [16]	8.0	8.0	8.4
2004	9.7	9.5	16.0	6.6	7.1	7.0	6.4 [16]	7.5	8.1	8.2
2005	9.7	9.6	..	6.4	7.2	..	6.5 [16]	7.6	8.5	..
2006	9.5	..	..	6.5	..	..	..	..	..	..

See notes on first page of table.

Table 1.2 Population: national

Constituent countries of the United Kingdom

Numbers (thousands) and percentage age distribution

Mid-year	United Kingdom	Great Britain	England and Wales	England	Wales	Scotland	Northern Ireland
Estimates							
1971	55,928	54,388	49,152	46,412	2,740	5,236	1,540
1976	56,216	54,693	49,459	46,660	2,799	5,233	1,524
1981	56,357	54,815	49,634	46,821	2,813	5,180	1,543
1986	56,684	55,110	49,999	47,188	2,811	5,112	1,574
1991	57,439	55,831	50,748	47,875	2,873	5,083	1,607
1993	57,714	56,078	50,986	48,102	2,884	5,092	1,636
1994	57,862	56,218	51,116	48,229	2,887	5,102	1,644
1995	58,025	56,376	51,272	48,383	2,889	5,104	1,649
1996	58,164	56,503	51,410	48,519	2,891	5,092	1,662
1997	58,314	56,643	51,560	48,665	2,895	5,083	1,671
1998	58,475	56,797	51,720	48,821	2,900	5,077	1,678
1999	58,684	57,005	51,933	49,033	2,901	5,072	1,679
2000	58,886	57,203	52,140	49,233	2,907	5,063	1,683
2001	59,113	57,424	52,360	49,450	2,910	5,064	1,689
2002 [1]	59,323	57,627	52,572	49,652	2,920	5,055	1,697
2003 [1]	59,557	57,855	52,797	49,866	2,931	5,057	1,703
2004 [1]	59,846	58,136	53,057	50,111	2,946	5,078	1,710
2005 [1]	60,238	58,514	53,419	50,466	2,954	5,095	1,724
2006	60,587	58,846	53,729	50,763	2,966	5,117	1,742
2005 by age group **(percentages)**							
0–4	*5.8*	*5.8*	*5.8*	*5.8*	*5.4*	*5.2*	*6.4*
5–15	*13.3*	*13.2*	*13.3*	*13.2*	*13.5*	*12.8*	*15.4*
16–44	*40.2*	*40.2*	*40.3*	*40.4*	*37.5*	*39.5*	*41.3*
45–64M/59F	*22.0*	*22.0*	*21.9*	*21.9*	*22.9*	*23.3*	*20.6*
65M/60F–74	*11.0*	*11.1*	*11.0*	*10.9*	*12.2*	*11.7*	*10.0*
75 and over	*7.7*	*7.7*	*7.8*	*7.7*	*8.5*	*7.5*	*6.3*
Projections[2]							
2006	60,587	58,846	53,729	50,763	2,966	5,117	1,742
2011	62,761	60,950	55,744	52,706	3,038	5,206	1,812
2016	64,975	63,107	57,837	54,724	3,113	5,270	1,868
2021	67,191	65,269	59,943	56,757	3,186	5,326	1,922
2026	69,260	67,294	61,931	58,682	3,248	5,363	1,966
2031	71,100	69,101	63,727	60,432	3,296	5,374	1,999
2031 by age group **(percentages)**							
0–4	*5.5*	*5.5*	*5.6*	*5.6*	*5.1*	*4.7*	*5.7*
5–15	*12.4*	*12.4*	*12.5*	*12.5*	*12.1*	*11.2*	*13.4*
16–44	*36.4*	*36.4*	*36.6*	*36.8*	*33.7*	*34.3*	*35.5*
45–64[3]	*23.4*	*23.4*	*23.3*	*23.3*	*23.5*	*24.4*	*23.9*
65–74[3]	*10.6*	*10.6*	*10.5*	*10.4*	*12.0*	*12.4*	*10.7*
75 and over	*11.6*	*11.6*	*11.5*	*11.4*	*13.7*	*12.9*	*10.9*

Note: Figures may not add exactly due to rounding.

1 2002 to 2005 mid-year population estimates for England and Wales and the United Kingdom have been updated to include the latest revised estimates that take into account improved estimates of international migration.

2 National projections based on mid-2006 population estimates.

3 Between 2010 and 2020, state retirement age will change from 65 years for men and 60 years for women to 65 years for both sexes. Between 2024 and 2026, state pension age will increase from 65 years to 66 years for both men and women.

Table 1.3 Population: subnational

Government Office Regions of England

Numbers (thousands) and percentage age distribution

Mid-year	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East	London	South East	South West
Estimates									
1971	2,679	7,108	4,902	3,652	5,146	4,454	7,529	6,830	4,112
1976	2,671	7,043	4,924	3,774	5,178	4,672	7,089	7,029	4,280
1981	2,636	6,940	4,918	3,853	5,187	4,854	6,806	7,245	4,381
1986	2,594	6,833	4,884	3,908	5,180	4,999	6,774	7,468	4,548
1991	2,587	6,843	4,936	4,011	5,230	5,121	6,829	7,629	4,688
1993	2,594	6,847	4,954	4,056	5,246	5,154	6,844	7,673	4,734
1994	2,589	6,839	4,960	4,072	5,249	5,178	6,874	7,712	4,757
1995	2,583	6,828	4,961	4,092	5,257	5,206	6,913	7,763	4,782
1996	2,576	6,810	4,961	4,108	5,263	5,233	6,974	7,800	4,793
1997	2,568	6,794	4,958	4,120	5,262	5,267	7,015	7,853	4,827
1998	2,561	6,792	4,958	4,133	5,271	5,302	7,065	7,889	4,849
1999	2,550	6,773	4,956	4,152	5,272	5,339	7,154	7,955	4,881
2000	2,543	6,774	4,959	4,168	5,270	5,375	7,237	7,991	4,917
2001	2,540	6,773	4,977	4,190	5,281	5,400	7,322	8,023	4,943
2002 [1]	2,541	6,778	5,002	4,222	5,295	5,433	7,362	8,047	4,973
2003 [1]	2,541	6,800	5,028	4,254	5,312	5,475	7,364	8,087	5,005
2004 [1]	2,542	6,820	5,064	4,291	5,327	5,511	7,389	8,125	5,042
2005 [1]	2,550	6,840	5,108	4,328	5,351	5,563	7,456	8,185	5,087
2006	2,556	6,853	5,142	4,364	5,367	5,607	7,512	8,238	5,124
2005 by age group **(percentages)**									
0–4	*5.4*	*5.7*	*5.7*	*5.5*	*6.0*	*5.8*	*6.8*	*5.7*	*5.2*
5–15	*13.0*	*13.6*	*13.3*	*13.3*	*13.7*	*13.5*	*12.4*	*13.5*	*12.8*
16–44	*39.0*	*39.5*	*40.2*	*39.5*	*39.2*	*38.7*	*48.5*	*39.0*	*37.1*
45–64M/59F	*23.0*	*22.3*	*22.0*	*22.6*	*21.9*	*22.5*	*18.5*	*22.5*	*23.0*
65M/60F–74	*11.7*	*11.3*	*11.1*	*11.3*	*11.4*	*11.4*	*8.1*	*11.1*	*12.4*
75 and over	*7.9*	*7.6*	*7.6*	*7.8*	*7.8*	*8.1*	*5.7*	*8.2*	*9.4*
Projections[2]									
2006	2,543	6,863	5,125	4,355	5,362	5,604	7,512	8,228	5,122
2011	2,544	6,959	5,259	4,496	5,438	5,808	7,723	8,440	5,302
2016	2,549	7,066	5,398	4,637	5,522	6,014	7,946	8,661	5,484
2021	2,557	7,178	5,536	4,779	5,612	6,221	8,160	8,891	5,672
2026	2,562	7,276	5,664	4,910	5,692	6,412	8,344	9,111	5,851
2029	2,562	7,323	5,730	4,977	5,732	6,515	8,443	9,229	5,947
2029 by age group **(percentages)**									
0–4	*4.9*	*5.3*	*5.3*	*5.1*	*5.6*	*5.3*	*6.4*	*5.3*	*4.7*
5–15	*11.6*	*12.1*	*12.1*	*11.8*	*12.6*	*12.1*	*12.0*	*12.1*	*11.2*
16–44	*34.7*	*35.9*	*36.5*	*34.5*	*35.3*	*34.3*	*44.3*	*35.2*	*33.0*
45–64[3]	*24.3*	*24.5*	*24.2*	*25.0*	*24.1*	*24.9*	*23.5*	*24.7*	*25.0*
65–74[3]	*12.2*	*11.0*	*10.8*	*11.5*	*10.7*	*11.1*	*7.3*	*10.8*	*12.2*
75 and over	*12.3*	*11.2*	*11.1*	*12.2*	*11.7*	*12.3*	*6.5*	*11.9*	*13.8*

Note: Figures may not add exactly due to rounding.

1 2002 to 2005 mid-year population estimates for England and Wales and the United Kingdom have been updated to include the latest revised estimates that take into account improved estimates of international migration.

2 These projections are based on the revised mid-2004 population estimates and are consistent with the 2004-based national projections produced by the Government Actuary's Department.

3 Between 2010 and 2020, state retirement age will change from 65 years for men and 60 years for women to 65 years for both sexes.
Between 2024 and 2026, state pension age will increase from 65 years to 66 years for both men and women.

Table 1.4 Population: age and sex

Constituent countries of the United Kingdom

Numbers (thousands)

Mid-year	All ages	Age group												Under 16	16–64M/59F[1]	65M/60F[1] and over
		Under 1	1–4	5–14	15–24	25–34	35–44	45–59	60–64	65–74	75–84	85–89	90 and over			
United Kingdom																
Persons																
1981	56,357	730	2,726	8,147	9,019	8,010	6,774	9,540	2,935	5,195	2,677	..	..	12,543	33,780	10,035
1986	56,684	748	2,886	7,143	9,200	8,007	7,711	9,212	3,069	5,020	2,971	716	..	11,645	34,725	10,313
1991	57,439	790	3,077	7,141	8,168	8,898	7,918	9,500	2,888	5,067	3,119	626	248	11,685	35,197	10,557
1996	58,164	719	3,019	7,544	7,231	9,131	7,958	10,553	2,785	5,066	3,129	711	317	12,018	35,498	10,649
2000	58,886	682	2,869	7,652	7,139	8,646	8,678	11,011	2,900	4,940	3,249	755	364	11,959	36,138	10,788
2001	59,113	663	2,819	7,624	7,261	8,475	8,846	11,168	2,884	4,947	3,296	753	377	11,863	36,406	10,845
2002[2]	59,323	661	2,753	7,603	7,400	8,264	9,004	11,307	2,892	4,967	3,344	738	388	11,785	36,622	10,916
2003[2]	59,557	680	2,706	7,546	7,573	8,084	9,105	11,412	2,949	5,001	3,398	706	399	11,720	36,826	11,012
2004[2]	59,846	705	2,686	7,475	7,739	7,954	9,185	11,507	3,027	5,028	3,431	702	409	11,645	37,083	11,117
2005[2]	60,238	716	2,713	7,373	7,886	7,935	9,245	11,616	3,114	5,046	3,420	755	419	11,589	37,418	11,232
2006	60,587	732	2,765	7,241	8,020	7,896	9,262	11,744	3,240	5,029	3,416	820	423	11,537	37,707	11,344
Males																
1981	27,412	374	1,400	4,184	4,596	4,035	3,409	4,711	1,376	2,264	922	..	..	6,439	17,646	3,327
1986	27,542	384	1,478	3,664	4,663	4,022	3,864	4,572	1,463	2,206	1,060	166	..	5,968	18,142	3,432
1991	27,909	403	1,572	3,655	4,146	4,432	3,949	4,732	1,390	2,272	1,146	166	46	5,976	18,303	3,630
1996	28,287	369	1,547	3,857	3,652	4,540	3,954	5,244	1,360	2,311	1,187	201	65	6,148	18,375	3,764
2000	28,690	350	1,469	3,920	3,606	4,292	4,298	5,457	1,420	2,294	1,278	225	81	6,128	18,685	3,878
2001	28,832	338	1,445	3,906	3,672	4,215	4,382	5,534	1,412	2,308	1,308	227	85	6,077	18,827	3,928
2002[2]	28,964	338	1,408	3,897	3,758	4,114	4,462	5,594	1,414	2,325	1,338	226	89	6,037	18,949	3,978
2003[2]	29,109	349	1,384	3,868	3,855	4,024	4,514	5,646	1,440	2,347	1,369	219	94	6,006	19,075	4,028
2004[2]	29,278	362	1,376	3,832	3,953	3,960	4,546	5,691	1,479	2,365	1,392	223	98	5,971	19,229	4,078
2005[2]	29,497	367	1,389	3,781	4,030	3,952	4,581	5,745	1,522	2,380	1,400	247	103	5,941	19,426	4,130
2006	29,694	374	1,416	3,709	4,108	3,940	4,586	5,804	1,584	2,379	1,413	273	106	5,912	19,611	4,171
Females																
1981	28,946	356	1,327	3,963	4,423	3,975	3,365	4,829	1,559	2,931	1,756	..	..	6,104	16,134	6,708
1986	29,142	364	1,408	3,480	4,538	3,985	3,847	4,639	1,606	2,814	1,911	550	..	5,678	16,583	6,881
1991	29,530	387	1,505	3,487	4,021	4,466	3,968	4,769	1,498	2,795	1,972	460	202	5,709	16,894	6,927
1996	29,877	350	1,472	3,687	3,579	4,591	4,005	5,309	1,426	2,755	1,942	509	252	5,870	17,123	6,885
2000	30,196	333	1,399	3,732	3,533	4,353	4,380	5,554	1,481	2,646	1,971	530	283	5,832	17,453	6,911
2001	30,281	324	1,375	3,718	3,589	4,260	4,465	5,634	1,473	2,640	1,987	526	292	5,786	17,579	6,917
2002[2]	30,359	323	1,346	3,706	3,642	4,150	4,542	5,713	1,478	2,642	2,006	513	299	5,748	17,673	6,938
2003[2]	30,449	331	1,322	3,678	3,718	4,060	4,590	5,766	1,509	2,654	2,029	487	305	5,714	17,751	6,984
2004[2]	30,568	343	1,310	3,642	3,785	3,993	4,639	5,816	1,548	2,662	2,040	479	310	5,674	17,854	7,039
2005[2]	30,741	349	1,324	3,592	3,856	3,983	4,663	5,871	1,591	2,666	2,020	509	316	5,647	17,992	7,102
2006	30,893	357	1,349	3,532	3,912	3,956	4,675	5,940	1,656	2,650	2,002	547	317	5,625	18,096	7,172
England and Wales																
Persons																
1981	49,634	634	2,372	7,085	7,873	7,086	5,996	8,433	2,607	4,619	2,388	383	157	10,910	29,796	8,928
1986	49,999	654	2,522	6,226	8,061	7,052	6,856	8,136	2,725	4,470	2,655	461	182	10,161	30,647	9,190
1991	50,748	698	2,713	6,248	7,165	7,862	7,022	8,407	2,553	4,506	2,790	561	223	10,247	31,100	9,400
1996	51,410	637	2,668	6,636	6,336	8,076	7,017	9,363	2,457	4,496	2,801	639	285	10,584	31,353	9,474
2000	52,140	607	2,544	6,757	6,275	7,682	7,661	9,764	2,564	4,372	2,907	680	328	10,572	31,977	9,591
2001	52,360	589	2,502	6,740	6,387	7,536	7,816	9,898	2,549	4,377	2,947	677	340	10,495	32,226	9,639
2002[2]	52,572	589	2,445	6,728	6,518	7,357	7,964	10,018	2,555	4,394	2,989	664	351	10,437	32,435	9,700
2003[2]	52,797	607	2,404	6,682	6,679	7,203	8,058	10,104	2,606	4,422	3,037	634	360	10,388	32,626	9,783
2004[2]	53,057	629	2,390	6,618	6,836	7,090	8,133	10,177	2,675	4,445	3,063	632	370	10,326	32,856	9,875
2005[2]	53,419	639	2,415	6,528	6,974	7,078	8,194	10,264	2,757	4,461	3,052	680	379	10,278	33,164	9,977
2006	53,729	653	2,462	6,412	7,095	7,040	8,213	10,369	2,874	4,444	3,045	740	382	10,235	33,417	10,077
Males																
1981	24,160	324	1,218	3,639	4,011	3,569	3,024	4,178	1,227	2,020	825	94	32	5,601	15,589	2,970
1986	24,311	335	1,292	3,194	4,083	3,542	3,438	4,053	1,302	1,972	951	115	35	5,208	16,031	3,072
1991	24,681	356	1,385	3,198	3,638	3,920	3,504	4,199	1,234	2,027	1,029	150	42	5,240	16,193	3,248
1996	25,030	327	1,368	3,393	3,202	4,020	3,489	4,659	1,205	2,059	1,067	182	59	5,416	16,247	3,367
2000	25,438	311	1,303	3,462	3,172	3,823	3,802	4,842	1,259	2,040	1,148	204	73	5,416	16,556	3,466
2001	25,574	301	1,281	3,453	3,231	3,758	3,881	4,907	1,252	2,052	1,175	206	77	5,376	16,688	3,510
2002[2]	25,704	301	1,249	3,448	3,311	3,672	3,957	4,958	1,253	2,067	1,202	204	81	5,346	16,804	3,554
2003[2]	25,841	312	1,230	3,425	3,399	3,594	4,007	5,002	1,276	2,085	1,229	198	85	5,324	16,920	3,597
2004[2]	25,995	323	1,225	3,394	3,493	3,538	4,036	5,037	1,310	2,100	1,248	202	89	5,295	17,060	3,640
2005[2]	26,197	327	1,237	3,348	3,565	3,530	4,073	5,080	1,351	2,113	1,256	224	94	5,270	17,241	3,685
2006	26,371	334	1,261	3,284	3,636	3,517	4,080	5,130	1,407	2,111	1,267	248	96	5,245	17,405	3,722
Females																
1981	25,474	310	1,154	3,446	3,863	3,517	2,972	4,255	1,380	2,599	1,564	289	126	5,309	14,207	5,958
1986	25,687	319	1,231	3,032	3,978	3,509	3,418	4,083	1,422	2,498	1,704	346	148	4,953	14,616	6,118
1991	26,067	342	1,328	3,050	3,527	3,943	3,517	4,208	1,319	2,479	1,761	411	181	5,007	14,908	6,152
1996	26,381	310	1,300	3,243	3,134	4,056	3,528	4,704	1,252	2,437	1,734	457	227	5,168	15,106	6,107
2000	26,702	296	1,241	3,296	3,103	3,859	3,859	4,923	1,304	2,332	1,758	476	255	5,155	15,421	6,126
2001	26,786	288	1,220	3,287	3,156	3,778	3,935	4,992	1,297	2,326	1,771	471	263	5,119	15,538	6,129
2002[2]	26,868	287	1,195	3,280	3,207	3,685	4,007	5,060	1,302	2,328	1,787	460	270	5,091	15,631	6,146
2003[2]	26,956	295	1,175	3,256	3,280	3,610	4,051	5,103	1,329	2,338	1,807	436	275	5,064	15,705	6,186
2004[2]	27,062	306	1,165	3,224	3,342	3,552	4,097	5,141	1,365	2,345	1,815	430	280	5,031	15,796	6,235
2005[2]	27,223	312	1,178	3,180	3,409	3,548	4,121	5,183	1,406	2,348	1,796	456	285	5,008	15,922	6,292
2006	27,358	319	1,201	3,127	3,458	3,523	4,134	5,239	1,466	2,333	1,778	492	286	4,990	16,012	6,355

Note: Figures may not add exactly due to rounding.

1 Between 2010 and 2020, state retirement age will change from 65 years for men and 60 years for women to 65 years for both sexes.

2 2002 to 2005 mid-year population estimates for England and Wales and the United Kingdom have been updated to include the latest revised estimates that take into account improved estimates of international migration.

Tel no. for all enquiries relating to population estimates:- 01329 813318

Table 1.4 continued Population: age and sex

Constituent countries of the United Kingdom

Numbers (thousands)

Mid-year	All ages	Age group														
		Under 1	1–4	5–14	15–24	25–34	35–44	45–59	60–64	65–74	75–84	85–89	90 and over	Under 16	16–64M/59F	65M/65F and over
England																
Persons																
1981	46,821	598	2,235	6,678	7,440	6,703	5,663	7,948	2,449	4,347	2,249	362	149	10,285	28,133	8,403
1986	47,188	618	2,380	5,869	7,623	6,682	6,478	7,672	2,559	4,199	2,501	435	172	9,583	28,962	8,643
1991	47,875	660	2,560	5,885	6,772	7,460	6,633	7,920	2,399	4,222	2,626	529	210	9,658	29,390	8,827
1996	48,519	603	2,523	6,255	5,985	7,667	6,638	8,822	2,310	4,217	2,631	602	269	9,985	29,639	8,895
2000	49,233	575	2,406	6,375	5,923	7,304	7,257	9,199	2,411	4,107	2,727	641	309	9,980	30,243	9,010
2001	49,456	558	2,366	6,359	6,032	7,171	7,407	9,327	2,395	4,113	2,764	638	321	9,908	30,487	9,055
2002 [2]	49,652	553	2,313	6,348	6,153	7,003	7,556	9,439	2,399	4,129	2,803	625	331	9,855	30,686	9,111
2003 [2]	49,866	576	2,275	6,305	6,304	6,859	7,641	9,522	2,445	4,155	2,850	596	340	9,812	30,867	9,188
2004 [2]	50,111	597	2,262	6,245	6,450	6,751	7,712	9,591	2,509	4,175	2,875	593	349	9,755	31,083	9,273
2005 [2]	50,466	606	2,289	6,161	6,583	6,742	7,772	9,675	2,586	4,189	2,865	638	357	9,713	31,384	9,370
2006	50,763	620	2,335	6,051	6,696	6,708	7,793	9,777	2,697	4,171	2,860	695	360	9,674	31,627	9,462
Males																
1981	22,795	306	1,147	3,430	3,790	3,377	2,856	3,938	1,154	1,902	777	89	30	5,280	14,717	2,798
1986	22,949	317	1,219	3,010	3,862	3,357	3,249	3,822	1,224	1,853	897	108	33	4,911	15,147	2,891
1991	23,291	336	1,307	3,011	3,439	3,721	3,311	3,957	1,159	1,900	970	141	39	4,938	15,302	3,050
1996	23,629	309	1,294	3,198	3,023	3,818	3,302	4,390	1,133	1,932	1,003	172	55	5,110	15,358	3,161
2000	24,030	294	1,232	3,266	2,995	3,638	3,604	4,562	1,184	1,917	1,078	192	69	5,113	15,661	3,256
2001	24,166	285	1,212	3,257	3,053	3,580	3,681	4,624	1,176	1,928	1,103	194	73	5,075	15,793	3,298
2002 [2]	24,290	286	1,182	3,253	3,127	3,500	3,755	4,673	1,176	1,942	1,128	193	77	5,047	15,904	3,339
2003 [2]	24,419	296	1,163	3,232	3,209	3,425	3,803	4,715	1,197	1,958	1,154	186	80	5,028	16,012	3,379
2004 [2]	24,563	306	1,159	3,202	3,297	3,371	3,831	4,748	1,228	1,972	1,172	190	84	5,001	16,143	3,419
2005 [2]	24,758	310	1,172	3,160	3,365	3,365	3,868	4,791	1,267	1,984	1,179	210	88	4,979	16,317	3,461
2006	24,926	317	1,196	3,100	3,432	3,353	3,875	4,839	1,320	1,981	1,190	233	91	4,957	16,475	3,494
Females																
1981	24,026	292	1,088	3,248	3,650	3,327	2,807	4,009	1,295	2,445	1,472	273	119	5,004	13,416	5,605
1986	24,239	301	1,161	2,859	3,761	3,325	3,229	3,850	1,335	2,346	1,604	326	140	4,672	13,815	5,752
1991	24,584	324	1,253	2,873	3,333	3,739	3,322	3,964	1,239	2,323	1,656	388	171	4,720	14,088	5,777
1996	24,890	293	1,229	3,056	2,961	3,849	3,336	4,432	1,177	2,286	1,628	430	214	4,876	14,281	5,734
2000	25,203	281	1,174	3,109	2,928	3,667	3,653	4,637	1,227	2,190	1,649	448	240	4,867	14,582	5,755
2001	25,284	273	1,154	3,102	2,979	3,591	3,726	4,702	1,219	2,185	1,661	444	248	4,834	14,694	5,757
2002 [2]	25,362	273	1,131	3,095	3,026	3,503	3,795	4,767	1,223	2,187	1,676	433	254	4,808	14,782	5,772
2003 [2]	25,448	280	1,112	3,073	3,095	3,433	3,838	4,808	1,248	2,197	1,696	410	260	4,784	14,854	5,809
2004 [2]	25,548	291	1,103	3,043	3,153	3,380	3,881	4,843	1,280	2,203	1,703	403	264	4,753	14,940	5,854
2005 [2]	25,708	296	1,117	3,001	3,218	3,378	3,905	4,885	1,319	2,206	1,686	428	269	4,733	15,066	5,908
2006	25,837	303	1,139	2,952	3,264	3,355	3,918	4,938	1,377	2,190	1,670	461	270	4,717	15,152	5,968
Wales																
Persons																
1981	2,813	36	136	407	434	383	333	485	158	272	139	21	8	626	1,663	525
1986	2,811	37	143	357	438	369	378	464	166	271	154	26	10	578	1,686	547
1991	2,873	38	153	363	393	402	389	486	154	284	164	32	13	589	1,711	573
1996	2,891	34	146	381	352	409	379	541	147	279	170	37	17	598	1,714	578
2000	2,907	32	138	383	352	378	403	565	152	265	180	39	19	591	1,734	581
2001	2,910	32	136	382	356	365	409	572	154	264	183	39	20	587	1,739	584
2002 [2]	2,920	30	132	380	365	354	414	578	156	265	185	39	20	582	1,749	589
2003 [2]	2,931	31	129	377	376	345	417	582	161	268	187	38	21	577	1,759	595
2004 [2]	2,946	32	127	373	385	339	421	586	166	270	188	39	21	572	1,773	602
2005 [2]	2,954	32	126	367	390	335	421	589	171	271	186	42	21	566	1,780	608
2006	2,966	33	127	361	399	332	421	592	177	273	186	45	22	561	1,790	615
Males																
1981	1,365	18	70	209	221	193	168	240	73	118	48	5	2	321	871	173
1986	1,362	19	73	184	221	186	190	231	79	119	54	7	2	297	885	181
1991	1,391	20	78	186	199	199	194	242	74	128	60	8	2	302	891	198
1996	1,401	17	74	195	179	203	187	269	72	128	64	10	3	306	890	206
2000	1,408	16	71	196	177	185	198	280	75	124	71	12	4	303	895	210
2001	1,409	16	69	196	179	178	200	283	75	124	73	12	4	301	895	212
2002 [2]	1,414	16	68	195	184	172	202	285	77	125	74	12	5	299	900	215
2003 [2]	1,423	16	66	194	190	168	204	287	79	127	75	11	5	296	908	218
2004 [2]	1,432	16	65	192	196	166	205	288	82	128	76	12	5	294	917	221
2005 [2]	1,439	17	65	189	200	166	205	290	84	129	77	13	5	291	924	224
2006	1,445	17	65	185	204	164	205	291	87	130	77	15	5	288	929	227
Females																
1981	1,448	18	66	199	213	190	165	246	85	154	91	16	6	305	791	352
1986	1,449	18	70	173	217	184	188	233	87	152	100	20	8	282	801	366
1991	1,482	19	75	177	194	203	195	244	80	156	104	24	10	288	820	375
1996	1,490	16	71	186	173	206	192	272	75	151	106	27	13	293	825	373
2000	1,499	15	67	186	175	192	206	285	77	142	109	28	15	288	840	371
2001	1,502	15	66	186	177	187	209	289	78	141	110	27	15	286	844	372
2002 [2]	1,506	15	65	185	181	182	212	293	80	140	111	27	16	283	849	374
2003 [2]	1,508	15	63	183	185	176	214	295	82	141	112	27	16	280	851	377
2004 [2]	1,514	15	62	182	189	172	216	298	84	142	112	26	16	278	856	380
2005 [2]	1,515	16	61	179	191	170	216	299	87	142	110	28	16	275	856	383
2006	1,521	16	62	176	195	168	216	301	90	143	108	30	16	273	861	387

See notes on first page of table.

Table 1.4 continued Population: age and sex

Constituent countries of the United Kingdom

Numbers (thousands)

Mid-year	All ages	Age group														
		Under 1	1–4	5–14	15–24	25–34	35–44	45–59	60–64	65–74	75–84	85–89	90 and over	Under 16	16–64M/59F[1]	65M/60F[1] and over
Scotland																
Persons																
1981	5,180	69	249	780	875	724	603	880	260	460	232	35	14	1,188	3,110	882
1986	5,112	66	257	656	863	739	665	849	273	435	252	42	15	1,061	3,161	890
1991	5,083	66	258	634	746	795	696	853	265	441	259	51	19	1,021	3,151	912
1996	5,092	59	252	643	651	798	722	925	259	448	256	57	24	1,019	3,151	922
2000	5,063	53	230	636	628	717	774	962	263	445	267	59	28	985	3,141	937
2001	5,064	52	224	629	633	696	782	979	262	447	272	59	29	970	3,150	944
2002	5,055	51	217	622	639	669	788	993	262	449	276	58	30	955	3,150	950
2003	5,057	52	212	614	648	648	793	1,008	265	452	281	55	31	943	3,156	958
2004	5,078	54	210	609	653	635	796	1,025	270	455	286	54	31	935	3,175	968
2005	5,095	54	211	600	659	629	794	1,042	273	457	286	59	32	929	3,191	975
2006	5,117	55	213	588	668	627	790	1,058	280	456	287	63	32	922	3,213	983
Males																
1981	2,495	35	128	400	445	364	298	424	118	194	77	8	3	610	1,603	282
1986	2,462	34	131	336	438	371	331	410	127	184	86	10	3	543	1,636	283
1991	2,445	34	132	324	377	394	345	415	124	192	91	13	3	522	1,623	299
1996	2,447	30	128	328	327	392	355	454	122	198	93	15	5	521	1,616	310
2000	2,432	28	118	326	315	347	377	474	125	199	100	17	6	505	1,606	322
2001	2,434	26	115	322	319	337	379	483	125	200	103	17	6	497	1,610	327
2002	2,432	26	111	319	324	325	382	490	125	202	106	17	7	489	1,612	331
2003	2,435	26	108	314	329	315	383	496	126	204	108	16	7	483	1,616	336
2004	2,446	28	107	312	332	310	384	503	129	207	111	16	7	479	1,627	341
2005	2,456	28	107	307	335	309	382	511	131	208	112	18	7	476	1,635	345
2006	2,469	28	109	301	340	310	380	517	135	208	113	20	8	472	1,649	349
Females																
1981	2,685	33	121	380	430	359	305	456	142	265	155	27	11	579	1,506	600
1986	2,649	32	126	320	424	368	334	439	146	250	166	32	12	518	1,525	606
1991	2,639	32	126	309	369	402	351	437	141	249	168	38	16	499	1,528	612
1996	2,645	28	123	315	324	406	367	470	137	250	164	42	20	498	1,535	612
2000	2,631	26	112	310	313	369	397	488	138	246	166	43	22	480	1,535	616
2001	2,630	26	109	307	314	359	403	496	137	246	169	43	23	473	1,540	617
2002	2,623	25	106	303	315	344	406	504	137	247	171	41	23	466	1,538	619
2003	2,623	25	104	300	318	332	410	512	139	248	173	39	24	460	1,540	622
2004	2,632	26	103	297	321	325	412	521	141	248	175	38	24	457	1,549	627
2005	2,639	26	103	293	324	320	411	531	142	249	174	41	25	453	1,556	630
2006	2,647	27	104	287	328	317	410	541	145	247	174	43	25	450	1,564	634
Northern Ireland																
Persons																
1981	1,543	27	106	282	271	200	175	227	68	116	57	..	..	444	874	224
1986	1,574	28	107	261	277	217	190	227	71	115	64	16	..	423	917	234
1991	1,607	26	106	260	256	240	200	241	70	121	69	14	6	417	945	246
1996	1,662	24	99	266	244	257	220	266	70	123	72	15	7	415	993	253
2000	1,683	22	95	259	237	247	243	284	73	123	75	16	7	403	1,020	259
2001	1,689	22	93	255	240	243	248	290	74	123	77	16	7	397	1,030	262
2002	1,697	22	91	253	243	238	251	296	75	125	79	16	7	393	1,037	266
2003	1,703	21	89	251	246	233	254	301	78	126	81	16	8	388	1,044	271
2004	1,710	22	87	248	250	229	256	305	81	127	82	16	8	383	1,052	275
2005	1,724	23	88	245	253	228	257	310	84	128	83	17	8	381	1,064	280
2006	1,742	23	89	242	258	229	259	316	87	130	83	18	8	380	1,077	284
Males																
1981	757	14	54	145	140	102	87	109	32	50	21	..	..	228	454	75
1986	768	14	55	134	142	109	95	110	33	50	23	4	..	217	474	77
1991	783	13	54	133	131	119	100	118	32	53	26	4	1	213	487	83
1996	810	12	51	136	124	128	109	131	33	54	27	4	1	212	511	87
2000	820	11	49	133	120	122	119	141	35	55	29	5	2	207	524	90
2001	824	11	48	131	122	120	122	144	35	56	30	5	2	204	529	92
2002	829	11	47	130	124	117	123	147	36	56	31	5	2	202	534	94
2003	833	11	46	129	126	115	124	149	38	57	31	5	2	199	538	95
2004	836	11	45	127	128	113	125	151	39	58	32	5	2	197	542	97
2005	844	12	45	126	130	113	126	153	41	59	32	5	2	196	550	99
2006	853	12	46	124	132	113	127	156	42	60	33	6	2	195	558	101
Females																
1981	786	13	52	137	130	98	88	118	37	66	37	..	..	216	420	150
1986	805	13	52	127	135	107	96	118	38	65	41	12	..	206	442	157
1991	824	13	52	127	125	121	100	123	38	67	44	10	4	203	458	163
1996	851	11	49	130	120	129	110	135	37	69	45	11	6	203	482	167
2000	862	11	46	126	118	125	124	143	38	68	46	11	6	196	497	169
2001	865	10	45	124	119	123	126	146	38	68	47	11	6	193	501	170
2002	868	11	44	123	119	120	128	149	39	68	48	11	6	191	504	173
2003	870	10	43	122	120	118	129	152	40	68	49	11	6	189	506	175
2004	874	11	42	121	122	116	130	154	42	69	50	11	6	187	509	178
2005	880	11	43	119	123	115	131	157	43	69	50	11	6	186	514	181
2006	888	11	43	118	126	115	132	160	45	69	51	12	6	185	520	183

See notes on first page of table.

Table 1.5 Population: age, sex and legal marital status

England and Wales

Numbers (thousands)

Mid-year	Total population	Males					Females				
		Single	Married	Divorced	Widowed	Total	Single	Married	Divorced	Widowed	Total
Aged											
16 and over											
1971	36,818	4,173	12,522	187	682	17,563	3,583	12,566	296	2,810	19,255
1976	37,486	4,369	12,511	376	686	17,941	3,597	12,538	533	2,877	19,545
1981	38,724	5,013	12,238	611	698	18,559	4,114	12,284	828	2,939	20,165
1986	39,837	5,625	11,867	917	695	19,103	4,617	12,000	1,165	2,953	20,734
1991	40,501	5,891	11,636	1,187	727	19,441	4,817	11,833	1,459	2,951	21,060
1996	40,827	6,225	11,310	1,346	733	19,614	5,168	11,433	1,730	2,881	21,212
1999	41,325	6,582	11,143	1,433	732	19,890	5,526	11,235	1,875	2,800	21,435
2000	41,569	6,721	11,113	1,456	731	20,022	5,650	11,199	1,927	2,772	21,547
2001	41,865	6,894	11,090	1,482	733	20,198	5,798	11,150	1,975	2,745	21,667
2002[1]	42,135	7,086	11,008	1,534	730	20,358	5,957	11,075	2,036	2,710	21,777
2003[1]	42,409	7,272	10,929	1,589	727	20,517	6,126	11,000	2,096	2,669	21,892
2004[1]	42,731	7,483	10,851	1,642	724	20,700	6,311	10,935	2,156	2,629	22,031
2005[1]	43,141	7,708	10,801	1,696	722	20,927	6,529	10,882	2,215	2,589	22,214
2006	43,494	7,944	10,723	1,739	720	21,126	6,740	10,812	2,266	2,549	22,367
16–19											
1971	2,666	1,327	34	0	0	1,362	1,163	142	0	0	1,305
1976	2,901	1,454	28	0	0	1,482	1,289	129	0	0	1,419
1981	3,310	1,675	20	0	0	1,694	1,523	93	0	0	1,616
1986	3,131	1,587	10	0	0	1,596	1,484	49	1	0	1,535
1991	2,665	1,358	8	0	0	1,366	1,267	32	0	0	1,300
1996	2,402	1,209	6	0	0	1,216	1,164	21	0	0	1,186
1999	2,543	1,280	6	1	1	1,288	1,234	20	1	1	1,255
2000	2,523	1,276	6	1	1	1,283	1,221	18	1	1	1,240
2001	2,567	1,304	5	1	1	1,312	1,237	16	1	1	1,255
2002[1]	2,630	1,352	4	1	1	1,357	1,259	13	1	1	1,273
2003[1]	2,703	1,392	4	1	1	1,397	1,293	12	0	1	1,306
2004[1]	2,771	1,424	3	0	0	1,428	1,332	11	0	0	1,343
2005[1]	2,801	1,434	2	0	0	1,436	1,355	9	0	0	1,365
2006	2,829	1,457	2	0	0	1,459	1,364	7	0	0	1,370
20–24											
1971	3,773	1,211	689	3	0	1,904	745	1,113	9	2	1,869
1976	3,395	1,167	557	4	0	1,728	725	925	16	2	1,667
1981	3,744	1,420	466	10	1	1,896	1,007	811	27	2	1,847
1986	4,171	1,768	317	14	0	2,099	1,383	657	32	1	2,072
1991	3,911	1,717	242	12	0	1,971	1,421	490	29	1	1,941
1996	3,291	1,538	117	3	0	1,658	1,361	260	11	1	1,633
1999	3,047	1,449	78	2	0	1,530	1,320	188	8	1	1,517
2000	3,088	1,470	74	3	0	1,548	1,352	180	8	1	1,540
2001	3,157	1,501	74	3	1	1,579	1,390	178	8	1	1,578
2002[1]	3,212	1,533	69	3	1	1,606	1,430	167	8	1	1,606
2003[1]	3,281	1,573	68	3	1	1,645	1,465	161	8	1	1,636
2004[1]	3,376	1,639	69	3	1	1,712	1,497	157	8	2	1,664
2005[1]	3,477	1,700	66	3	1	1,771	1,547	150	8	2	1,706
2006	3,558	1,749	59	3	1	1,812	1,599	138	7	1	1,746
25–29											
1971	3,267	431	1,206	16	1	1,654	215	1,367	29	4	1,614
1976	3,758	533	1,326	39	2	1,900	267	1,522	65	5	1,859
1981	3,372	588	1,057	54	1	1,700	331	1,247	89	4	1,671
1986	3,713	835	949	79	1	1,863	527	1,207	113	4	1,850
1991	4,154	1,132	856	82	1	2,071	800	1,158	123	2	2,083
1996	3,950	1,273	650	46	1	1,970	977	906	93	3	1,980
1999	3,687	1,304	497	34	1	1,836	1,051	725	72	3	1,851
2000	3,605	1,305	459	31	1	1,796	1,065	677	65	3	1,810
2001	3,487	1,293	420	28	1	1,742	1,059	625	58	3	1,745
2002[1]	3,365	1,286	375	26	1	1,688	1,054	568	52	3	1,676
2003[1]	3,284	1,281	340	25	1	1,647	1,060	527	49	2	1,638
2004[1]	3,280	1,297	319	24	1	1,641	1,089	501	47	2	1,639
2005[1]	3,354	1,344	307	23	1	1,675	1,143	488	46	2	1,679
2006	3,434	1,400	295	23	1	1,718	1,198	471	46	2	1,716

1 2002 to 2005 mid-year population estimates for England and Wales have been updated to include the latest revised estimates that take into account improved estimates of international migration.

Table 1.5 continued Population: age, sex and legal marital status

England and Wales

Numbers (thousands)

Mid-year	Total population	Males					Females				
		Single	Married	Divorced	Widowed	Total	Single	Married	Divorced	Widowed	Total
30–34											
1971	2,897	206	1,244	23	3	1,475	111	1,269	34	8	1,422
1976	3,220	236	1,338	55	3	1,632	118	1,388	75	8	1,588
1981	3,715	318	1,451	97	3	1,869	165	1,544	129	9	1,846
1986	3,338	355	1,197	124	2	1,679	206	1,293	154	6	1,660
1991	3,708	520	1,172	155	2	1,849	335	1,330	189	5	1,859
1996	4,126	776	1,135	138	2	2,050	551	1,316	201	7	2,076
1999	4,113	877	1,043	121	3	2,044	651	1,223	188	7	2,069
2000	4,076	904	1,007	114	2	2,027	679	1,182	181	7	2,049
2001	4,050	934	971	108	2	2,016	711	1,142	174	7	2,033
2002[1]	3,992	959	918	105	2	1,984	742	1,093	167	6	2,009
2003[1]	3,919	979	864	102	2	1,947	766	1,041	159	6	1,972
2004[1]	3,810	988	810	97	2	1,897	777	982	149	5	1,913
2005[1]	3,724	1,002	761	92	2	1,856	791	933	139	5	1,868
2006	3,606	1,010	703	84	2	1,799	800	876	127	5	1,808
35–44											
1971	5,736	317	2,513	48	13	2,891	201	2,529	66	48	2,845
1976	5,608	286	2,442	104	12	2,843	167	2,427	129	42	2,765
1981	5,996	316	2,519	178	12	3,024	170	2,540	222	41	2,972
1986	6,856	396	2,738	293	12	3,438	213	2,815	350	39	3,418
1991	7,022	477	2,632	384	11	3,504	280	2,760	444	34	3,517
1996	7,017	653	2,426	398	12	3,489	427	2,568	497	36	3,528
1999	7,475	832	2,459	408	13	3,711	577	2,617	533	37	3,763
2000	7,661	899	2,481	410	12	3,802	635	2,640	547	37	3,859
2001	7,816	963	2,494	411	12	3,881	692	2,649	558	36	3,935
2002[1]	7,964	1,031	2,490	424	12	3,957	751	2,650	572	35	4,007
2003[1]	8,058	1,089	2,471	435	12	4,007	804	2,631	583	34	4,051
2004[1]	8,133	1,141	2,441	443	11	4,036	858	2,613	593	32	4,097
2005[1]	8,194	1,195	2,417	450	11	4,073	910	2,583	597	31	4,121
2006	8,213	1,249	2,371	448	11	4,080	965	2,543	595	30	4,134
45–64											
1971	11,887	502	4,995	81	173	5,751	569	4,709	125	733	6,136
1976	11,484	496	4,787	141	160	5,583	462	4,568	188	683	5,901
1981	11,040	480	4,560	218	147	5,405	386	4,358	271	620	5,635
1986	10,860	461	4,422	331	141	5,355	327	4,220	388	570	5,505
1991	10,960	456	4,394	456	127	5,433	292	4,211	521	503	5,527
1996	11,820	528	4,587	628	121	5,864	318	4,466	732	440	5,956
1999	12,198	589	4,627	706	121	6,043	355	4,541	844	415	6,155
2000	12,328	615	4,638	727	121	6,101	372	4,564	881	410	6,227
2001	12,447	644	4,647	747	121	6,159	391	4,578	918	401	6,289
2002[1]	12,573	670	4,642	779	120	6,211	413	4,597	960	391	6,362
2003[1]	12,710	702	4,643	814	119	6,278	437	4,612	1,002	381	6,432
2004[1]	12,852	736	4,643	850	117	6,347	465	4,625	1,045	371	6,505
2005[1]	13,021	774	4,652	888	117	6,431	497	4,642	1,090	362	6,590
2006	13,243	818	4,676	926	117	6,537	535	4,677	1,138	356	6,706
65 and over											
1971	6,592	179	1,840	17	492	2,527	580	1,437	32	2,016	4,065
1976	7,119	197	2,033	33	510	2,773	569	1,579	60	2,138	4,347
1981	7,548	216	2,167	54	534	2,971	533	1,692	90	2,263	4,578
1986	7,768	223	2,234	76	539	3,072	477	1,759	127	2,333	4,696
1991	8,080	231	2,332	99	586	3,248	422	1,853	152	2,405	4,832
1996	8,221	247	2,390	134	597	3,367	369	1,897	196	2,393	4,854
1999	8,262	251	2,431	161	594	3,437	338	1,922	230	2,336	4,825
2000	8,287	252	2,449	171	593	3,466	327	1,938	243	2,313	4,821
2001	8,342	254	2,478	183	595	3,510	318	1,960	259	2,295	4,832
2002[1]	8,398	255	2,508	196	594	3,554	309	1,987	276	2,272	4,844
2003[1]	8,454	257	2,538	210	593	3,597	301	2,017	295	2,245	4,857
2004[1]	8,510	258	2,566	224	592	3,640	293	2,046	314	2,216	4,870
2005[1]	8,571	260	2,596	239	590	3,685	286	2,077	335	2,187	4,885
2006	8,611	261	2,618	254	589	3,722	279	2,101	353	2,155	4,889

See notes on first page of table.

Table 2.1 Vital statistics summary

Constituent countries of the United Kingdom

Numbers (thousands) and rates

Year and quarter	All live births		Live births outside marriage		Marriages		Civil Partnerships		Divorces		Deaths		Infant mortality[6]		Neonatal mortality[7]		Perinatal mortality[8]	
	Number	Rate[1]	Number	Rate[2]	Number	Rate[3]	Number	Rate[4]	Number	Rate[5]	Number	Rate[1]	Number	Rate[2]	Number	Rate[2]	Number	Rate[9]
United Kingdom																		
1976	675.5	12.0	61.1	90	406.0	..	:	:	135.4	..	680.8	12.1	9.79	14.5	6.68	9.9	12.25	18.0
1981	730.7	13.0	91.3	125	397.8	49.4	:	:	156.4	11.3	658.0	11.7	8.16	11.2	4.93	6.7	8.79	12.0
1986	754.8	13.3	154.3	204	393.9	..	:	:	168.2	..	660.7	11.7	7.18	9.5	4.00	5.3	7.31	9.6
1991	792.3	13.8	236.1	298	349.7	..	:	:	173.5	..	646.2	11.2	5.82	7.4	3.46	4.4	6.45	8.1
1996	733.2	12.6	260.4	355	317.5	..	:	:	171.7	..	636.0	10.9	4.50	6.1	3.00	4.1	6.41	8.7
1999	700.0	11.9	271.6	388	301.1	..	:	:	158.7	..	632.1	10.8	4.05	5.8	2.73	3.9	5.79	8.2
2000	679.0	11.5	268.1	395	305.9	..	:	:	154.6	..	608.4	10.3	3.81	5.6	2.63	3.9	5.56	8.1
2001	669.1	11.3	268.0	401	286.1	..	:	:	156.8	..	602.3	10.2	3.66	5.5	2.44	3.7	5.39	8.0
2002	668.8	11.3	271.7	406	293.0	..	:	:	160.5	..	606.2	10.2	3.54	5.3	2.37	3.6	5.53	8.2
2003	695.6	11.7	288.5	415	308.6	..	:	:	166.7	..	612.0	10.3	3.69	5.3	2.54	3.7	5.92	8.5
2004	716.0	12.0	302.6	423	313.6	..	:	:	167.1	..	583.1	9.7	3.66	5.1	2.49	3.5	5.88	8.2
2005	722.5	12.0	310.2	429	286.8	..	1.95[10]	..	155.1	..	582.7	9.7	3.68	5.1	2.52	3.5	5.78	8.0
2006	748.6	12.4	326.8	437	275.1[P]	..	16.11	..	148.1	..	572.2	9.4	3.74	5.0	2.61	3.5	5.94	7.9
2005 March	173.2	11.7	74.5	430	35.2	..	:	:	39.4	..	165.1	11.1	0.91	5.3	0.63	3.6	1.39	8.0
June	179.0	11.9	75.0	419	79.0	..	:	:	40.0	..	141.1	9.5	0.94	5.3	0.63	3.5	1.53	8.5
Sept	190.3	12.5	82.5	434	121.1	..	:	:	38.9	..	130.9	8.7	0.92	4.8	0.66	3.5	1.49	7.8
Dec	180.1	11.9	78.2	434	51.5	..	1.95[10]	..	36.7	..	145.5	9.7	0.90	5.0	0.59	3.3	1.38	7.6
2006 March	178.9	12.0	77.5	433	30.2[P]	..	4.87	..	37.7	..	159.9	10.7	0.90	5.1	0.61	3.4	1.45	8.1
June	186.0	12.3	80.2	431	76.4[P]	..	4.36	..	36.7	..	141.4	9.4	0.94	5.0	0.65	3.5	1.50	8.0
Sept	195.2	12.8	85.8	439	120.7[P]	..	4.49	..	37.0	..	130.7	8.6	0.93	4.8	0.67	3.4	1.54	7.8
Dec	188.5	12.3	83.3	442	47.8[P]	..	2.38	..	36.7	..	140.2	9.2	0.97	5.2	0.68	3.6	1.45	7.7
2007 March	183.6[P]	12.2[P]	81.6[P]	444[P]	..	..	1.69[P]	..	..	..	159.2[P]	10.6[P]	0.91[P]	4.9[P]	0.63[P]	3.4[P]	1.39[P]	7.5[P]
June	189.5[P]	12.5[P]	82.5[P]	435[P]	..	..	2.37[P]	..	..	..	138.0[P]	9.1[P]	0.99[P]	5.2[P]	0.66[P]	3.5[P]	1.52[P]	8.0[P]
Sept	202.5[P]	13.3[P]	90.3[P]	446[P]	..	..	2.96[P]	..	..	..	129.8[P]	8.4[P]	0.87[P]	4.3[P]	0.59[P]	2.9[P]	1.37[P]	6.7[P]
England and Wales																		
1976	584.3	11.8	53.8	92	358.6	57.7	:	:	126.7	10.1	598.5	12.1	8.34	14.3	5.66	9.7	10.45	17.7
1981	634.5	12.8	81.0	128	352.0	49.6	:	:	145.7	11.9	577.9	11.6	7.02	11.1	4.23	6.7	7.56	11.8
1986	661.0	13.2	141.3	214	347.9	43.6	:	:	153.9	12.9	581.2	11.6	6.31	9.6	3.49	5.3	6.37	9.6
1991	699.2	13.8	211.3	302	306.8	36.0	:	:	158.7	13.5	570.0	11.2	5.16	7.4	3.05	4.4	5.65	8.0
1996	649.5	12.6	232.7	358	279.0	30.9	:	:	157.1	13.8	560.1	10.9	3.99	6.1	2.68	4.1	5.62	8.6
1999	621.9	12.0	241.9	389	263.5	27.8	:	:	144.6	12.9	556.1	10.7	3.62	5.8	2.44	3.9	5.14	8.2
2000	604.4	11.6	238.6	395	268.0	27.8	:	:	141.1	12.7	535.7	10.3	3.38	5.6	2.34	3.9	4.96	8.2
2001	594.6	11.4	238.1	400	249.2	25.4	:	:	143.8	12.9	530.4	10.1	3.24	5.4	2.14	3.6	4.76	8.0
2002	596.1	11.3	242.0	406	255.6	25.6	:	:	147.7	13.4	533.5	10.1	3.13	5.2	2.13	3.6	4.99	8.3
2003	621.5	11.8	257.2	414	270.1	26.4	:	:	153.5	14.0	538.3	10.2	3.31	5.3	2.26	3.6	5.36	8.6
2004	639.7	12.1	269.7	422	273.1	26.1	:	:	153.4	14.1	512.5	9.7	3.22	5.0	2.21	3.5	5.39	8.4
2005	645.8	12.1	276.5	428	247.8	23.1	1.86[10]	5.7[10]	141.8	13.1	512.7	9.7	3.26	5.0	2.23	3.4	5.21	8.0
2006	669.6	12.5	291.4	435	237.0[P]	21.6[P]	14.94	1.4[P]	132.6	12.2	502.6	9.4	3.37	5.0	2.35	3.5	5.36	8.0
2005 March	154.3	11.7	66.3	430	30.4	11.5	:	:	36.2	13.6	145.7	11.0	0.85	5.5	0.57	3.7	1.25	8.0
June	159.8	12.0	66.6	417	68.2	25.5	:	:	36.5	13.5	123.8	9.4	0.82	5.2	0.56	3.5	1.35	8.4
Sept	170.2	12.6	73.7	433	105.3	38.9	:	:	35.6	13.0	114.7	8.6	0.79	4.6	0.57	3.4	1.34	7.8
Dec	161.7	12.0	69.9	433	44.0	16.3	1.86[10]	5.7[10]	33.4	12.2	128.5	9.6	0.80	4.9	0.52	3.2	1.28	7.9
2006 March	159.5	12.0	68.7	431	25.8[P]	9.5[P]	4.58	1.7	34.3	12.8	141.0	10.6	0.82	5.2	0.56	3.5	1.32	8.2
June	166.2	12.4	71.4	430	65.7[P]	24.0[P]	4.01	1.5	33.0	12.2	123.9	9.2	0.84	5.1	0.58	3.5	1.37	8.2
Sept	174.9	12.9	76.8	439	105.0[P]	38.0[P]	4.18	1.5	32.9	12.0	114.6	8.5	0.85	4.8	0.60	3.4	1.38	7.9
Dec	169.0	12.5	74.5	441	40.4[P]	14.6[P]	2.18	0.8	32.4	11.8	123.1	9.1	0.86	5.1	0.60	3.6	1.30	7.6
2007 March	163.3[P]	12.2[P]	72.1[P]	442[P]	..	..	1.56[P]	0.6[P]	34.7[P]	13.1[P]	139.2[P]	10.4[P]	0.80[P]	4.9[P]	0.55[P]	3.4[P]	1.23[P]	7.5[P]
June	169.2[P]	12.5[P]	73.4[P]	434[P]	..	..	2.16[P]	0.8[P]	33.1[P]	12.3[P]	121.0[P]	9.0[P]	0.88[P]	5.2[P]	0.60[P]	3.5[P]	1.36[P]	8.0[P]
Sept	181.1[P]	13.3[P]	80.7[P]	445[P]	..	..	2.68[P]	1.0[P]	32.9[P]	12.3[P]	114.0[P]	8.4[P]	0.84[P]	4.6[P]	0.56[P]	3.1[P]	1.32[P]	7.3[P]
England																		
1976	550.4	11.8	50.8	92	339.0	..	:	:	..	..	560.3	12.0	7.83	14.2	5.32	9.7	9.81	17.6
1981	598.2	12.8	76.9	129	332.2	..	:	:	..	..	541.0	11.6	6.50	10.9	3.93	6.6	7.04	11.7
1986	623.6	13.2	133.5	214	328.4	..	:	:	146.0	..	544.5	11.6	5.92	9.5	3.27	5.2	5.98	9.5
1991	660.8	13.8	198.9	301	290.1	..	:	:	150.1	..	534.0	11.2	4.86	7.3	2.87	4.3	5.33	8.0
1996	614.2	12.7	218.2	355	264.2	..	:	:	148.7	..	524.0	10.8	3.74	6.1	2.53	4.1	5.36	8.7
1999	589.5	12.0	226.7	385	249.5	..	:	:	137.0	..	519.6	10.8	3.38	5.7	2.29	3.9	4.86	8.2
2000	572.8	11.7	223.8	391	253.8	..	:	:	133.9	..	501.0	10.2	3.18	5.6	2.21	3.9	4.69	8.2
2001	563.7	11.4	223.3	396	236.2	..	:	:	136.4	..	496.1	10.0	3.04	5.4	2.02	3.6	4.51	8.0
2002	565.7	11.4	227.0	401	242.1	..	:	:	140.2	..	499.1	10.1	2.97	5.2	2.02	3.6	4.75	8.3
2003	589.9	11.8	241.4	409	255.6	..	:	:	145.8	..	503.4	10.1	3.14	5.3	2.15	3.7	5.09	8.6
2004	607.2	12.1	253.1	417	258.2	..	:	:	145.5	..	479.2	9.6	3.03	5.0	2.09	3.4	5.10	8.4
2005	613.0	12.1	259.4	423	233.8	..	1.79[10]	..	134.6	..	479.4	9.6	3.10	5.0	2.12	3.5	4.92	8.0
2006	635.7	12.5	273.5	430	223.5[P]	..	14.38	..	125.6	..	470.3	9.3	3.19	5.0	2.24	3.5	5.11	8.0
2005 March	146.4	11.8	62.1	424	28.8	..	:	:	34.4	..	136.2	10.9	0.81	5.6	0.54	3.7	1.18	8.0
June	151.8	12.1	62.5	412	64.3	..	:	:	34.7	..	115.7	9.3	0.78	5.1	0.53	3.5	1.28	8.4
Sept	161.4	12.7	69.1	428	99.3	..	:	:	33.8	..	107.3	8.5	0.75	4.7	0.55	3.4	1.27	7.8
Dec	153.4	12.1	65.6	428	41.4	..	1.79[10]	..	31.7	..	120.3	9.6	0.75	4.9	0.50	3.3	1.18	7.7
2006 March	151.4	12.1	64.5	426	24.3[P]	..	4.42	..	32.5	..	132.0	10.5	0.79	5.2	0.54	3.6	1.26	8.3
June	157.8	12.5	67.0	425	62.0[P]	..	3.86	..	31.2	..	115.9	9.2	0.80	5.1	0.56	3.5	1.31	8.2
Sept	166.0	13.0	72.0	434	99.0[P]	..	4.02	..	31.2	..	107.1	8.4	0.80	4.8	0.57	3.4	1.31	7.8
Dec	160.5	12.5	70.0	436	38.2[P]	..	2.09	..	30.7	..	115.3	9.0	0.81	5.0	0.57	3.6	1.24	7.7
2007 March	155.1[P]	12.3[P]	67.8[P]	437[P]	..	..	1.50[P]	..	32.8[P]	..	130.2[P]	10.3[P]	0.74[P]	4.8[P]	0.52[P]	3.3[P]	1.16[P]	7.4[P]
June	160.7[P]	12.6[P]	68.9[P]	429[P]	..	..	2.06[P]	..	31.4[P]	..	112.8[P]	8.9[P]	0.83[P]	5.2[P]	0.57[P]	3.5[P]	1.30[P]	8.0[P]
Sept	172.0[P]	13.4[P]	75.7[P]	440[P]	..	..	2.60[P]	..	31.3[P]	..	106.4[P]	8.3[P]	0.79[P]	4.6[P]	0.54[P]	3.1[P]	1.28[P]	7.4[P]

Note: Death figures for England and Wales represent the number of deaths registered in each year up to 1992, and the number of deaths occurring in each year from 1993 to 2005. Death figures for 2006 and provisional death figures for 2007 relate to registrations.
Birth and death figures for England and also for Wales each exclude events for persons usually resident outside England and Wales. These events are, however, included in the totals for England and Wales combined, and for the United Kingdom.

From 1981 births to non-resident mothers in Northern Ireland are excluded from the figures for Northern Ireland, and for the United Kingdom.
Infant, neonatal and perinatal mortality rates for Northern Ireland have now been amended to take account of the non-resident livebirths.
Birth and death rates for 2007 are based on the 2006-based population projections for 2007.
Marriage, civil partnership and divorce rates for 2007 are based on 2006 marital status estimates.

Table 2.1 continued **Vital statistics summary**

Constituent countries of the United Kingdom

Numbers (thousands) and rates

Year and quarter	All live births		Live births outside marriage		Marriages		Civil Partnerships		Divorces		Deaths		Infant mortality[6]		Neonatal mortality[7]		Perinatal mortality[8]	
	Number	Rate[1]	Number	Rate[2]	Number	Rate[3]	Number	Rate[4]	Number	Rate[5]	Number	Rate[1]	Number	Rate[2]	Number	Rate[2]	Number	Rate[9]
Wales																		
1976	33.4	11.9	2.9	86	19.5	..	:	:	..	..	36.3	13.0	0.46	13.7	0.32	9.6	0.64	19.0
1981	35.8	12.7	4.0	112	19.8	..	:	:	..	..	35.0	12.4	0.45	12.6	0.29	8.1	0.51	14.1
1986	37.0	13.2	7.8	211	19.5	..	:	:	7.8	..	34.7	12.3	0.35	9.5	0.21	5.6	0.38	10.3
1991	38.1	13.3	12.3	323	16.6	..	:	:	8.4	..	34.1	11.9	0.25	6.6	0.16	4.1	0.30	7.9
1996	34.9	12.1	14.4	412	14.8	..	:	:	8.4	..	34.6	12.0	0.20	5.6	0.13	3.6	0.26	7.5
1999	32.1	11.1	14.8	461	14.0	..	:	:	7.5	..	35.0	12.1	0.20	6.1	0.13	4.0	0.25	7.7
2000	31.3	10.8	14.8	472	14.1	..	:	:	7.2	..	33.3	11.5	0.17	5.3	0.11	3.5	0.23	7.2
2001	30.6	10.5	14.8	483	13.0	..	:	:	7.4	..	33.0	11.3	0.16	5.4	0.11	3.5	0.23	7.5
2002	30.2	10.3	15.0	497	13.5	..	:	:	7.6	..	33.2	11.4	0.14	4.5	0.10	3.2	0.24	7.7
2003	31.4	10.7	15.8	503	14.5	..	:	:	7.7	..	33.7	11.5	0.13	4.3	0.10	3.1	0.24	7.6
2004	32.3	11.0	16.6	513	14.9	..	:	:	7.9	..	32.1	10.9	0.16	4.9	0.10	3.1	0.26	8.0
2005	32.6	11.0	17.1	524	14.0	..	0.07[10]	..	7.2	..	32.1	10.9	0.13	4.1	0.09	2.9	0.24	7.4
2006	33.6	11.3	17.8	530	13.5[p]	..	0.56	..	6.9	..	31.1	10.5	0.14	4.1	0.09	2.8	0.23	6.9
2005 March	7.8	10.8	4.1	529	1.6	..	:	:	1.8	..	9.3	12.6	0.03	4.2	0.02	3.1	0.06	7.7
June	7.9	10.7	4.0	510	3.9	..	:	:	1.8	..	7.8	10.6	0.03	4.2	0.03	3.2	0.06	7.9
Sept	8.7	11.6	4.6	530	6.0	..	:	:	1.8	..	7.1	9.6	0.03	3.3	0.02	2.8	0.06	7.0
Dec	8.2	11.0	4.3	527	2.5	..	0.07[10]	..	1.8	..	7.9	10.7	0.04	4.6	0.02	2.6	0.06	6.8
2006 March	8.1	11.1	4.2	520	1.4[p]	..	0.16	..	1.8	..	8.7	11.9	0.03	3.1	0.02	2.0	0.06	7.0
June	8.3	11.2	4.3	523	3.7[p]	..	0.15	..	1.7	..	7.6	10.3	0.03	4.1	0.02	2.4	0.05	6.3
Sept	8.8	11.8	4.8	543	6.0[p]	..	0.16	..	1.7	..	7.2	9.7	0.04	4.0	0.03	3.1	0.07	7.7
Dec	8.4	11.2	4.5	535	2.2[p]	..	0.09	..	1.7	..	7.5	10.1	0.04	5.1	0.03	3.6	0.06	6.6
2007 March	8.1[p]	11.0[p]	4.3[p]	535[p]	..	..	0.06[p]	..	1.8[p]	..	8.8[p]	11.9[p]	0.05[p]	6.3[p]	0.03[p]	3.7[p]	0.07[p]	8.4[p]
June	8.5[p]	11.4[p]	4.5[p]	530[p]	..	..	0.10[p]	..	1.8[p]	..	7.9[p]	10.6[p]	0.04[p]	4.5[p]	0.02[p]	2.8[p]	0.06[p]	6.8[p]
Sept	9.1[p]	12.1[p]	4.9[p]	540[p]	..	..	0.08[p]	..	1.7[p]	..	7.3[p]	9.7[p]	0.04[p]	4.3[p]	0.03[p]	2.8[p]	0.05[p]	4.9[p]
Scotland																		
1976	64.9	12.5	6.0	93	37.5	53.8	:	:	8.1	6.5	65.3	12.5	0.96	14.8	0.67	10.3	1.20	18.3
1981	69.1	13.4	8.5	122	36.2	47.5	:	:	9.9	8.0	63.8	12.3	0.78	11.3	0.47	6.9	0.81	11.6
1986	65.8	12.9	13.6	206	35.8	42.9	:	:	12.8	10.7	63.5	12.4	0.58	8.8	0.34	5.2	0.67	10.2
1991	67.0	13.2	19.5	291	33.8	39.0	:	:	12.4	10.6	61.0	12.0	0.47	7.1	0.29	4.6	0.58	8.6
1996	59.3	11.6	21.4	360	30.2	33.2	:	:	12.3	10.9	60.7	11.9	0.37	6.2	0.23	3.9	0.55	9.2
1999	55.1	10.9	22.7	412	29.9	31.5	:	:	11.9	10.9	60.3	11.9	0.28	5.0	0.18	3.3	0.42	7.6
2000	53.1	10.5	22.6	426	30.4	31.6	:	:	11.1	10.3	57.8	11.4	0.31	5.7	0.21	4.0	0.45	8.4
2001	52.5	10.4	22.8	433	29.6	31.0	:	:	10.6	9.7	57.4	11.3	0.29	5.5	0.20	3.8	0.45	8.5
2002	51.3	10.1	22.5	440	29.8	30.8	:	:	10.8	10.0	58.1	11.5	0.27	5.3	0.16	3.2	0.39	7.6
2003	52.4	10.4	23.9	455	30.8	31.3	:	:	10.1	10.2	58.5	11.6	0.27	5.1	0.18	3.4	0.42	8.0
2004	54.0	10.6	25.2	467	32.2	32.2	:	:	11.2	10.5	56.2	11.1	0.27	4.9	0.17	3.1	0.44	8.1
2005	54.4	10.7	25.6	471	30.9	30.3	0.08[10]	2.5[10]	10.9	10.3	55.7	11.0	0.28	5.2	0.19	3.5	0.42	7.7
2006	55.7	10.9	26.6	477	29.9	28.7	1.05	1.0	13.0	12.3	55.1	10.8	0.25	4.5	0.17	3.1	0.42	7.4
2005 March	13.4	10.6	6.2	464	3.8	15.3	:	:	2.6	10.0	15.6	12.4	0.07	5.0	0.04	3.3	0.09	7.0
June	13.6	10.7	6.4	472	8.6	34.0	:	:	2.8	10.7	13.7	10.8	0.07	5.1	0.05	3.4	0.13	9.2
Sept	14.2	11.1	6.7	471	12.3	48.0	:	:	2.7	10.1	12.8	10.0	0.08	5.6	0.06	3.9	0.11	7.6
Dec	13.2	10.3	6.3	477	6.1	23.7	0.08[10]	2.5[10]	2.8	10.3	13.6	10.7	0.07	5.2	0.05	3.4	0.10	7.1
2006 March	13.6	10.8	6.6	487	3.5	13.6	0.26	1.0	2.6	10.1	14.9[p]	11.8	0.05	3.7	0.03	2.4	0.09	6.7
June	14.0	11.0	6.7	475	8.3	32.1	0.32	1.2	3.1	11.7	13.9[p]	10.9	0.07	5.0	0.05	3.3	0.09	6.4
Sept	14.2	11.0	6.7	471	12.2	46.4	0.28	1.1	3.6	13.4	12.7[p]	9.8	0.05	3.8	0.04	2.9	0.11	7.8
Dec	13.9	10.8	6.6	477	5.9	22.4	0.19	0.7	3.7	14.1	13.6[p]	10.6	0.07	5.3	0.04	3.7	0.12	8.7
2007 March	14.2[p]	11.2[p]	7.1[p]	501[p]	3.3[p]	13.0[p]	0.11[p]	0.4[p]	33.1[p]	12.7[p]	15.8[p]	12.5[p]	0.07[p]	4.9[p]	0.05[p]	3.6[p]	0.12[p]	8.1[p]
June	14.3[p]	11.1[p]	6.9[p]	482[p]	8.1[p]	31.4[p]	0.18[p]	0.7[p]	33.3[p]	12.6[p]	13.4[p]	10.5[p]	0.08[p]	5.3[p]	0.05[p]	3.4[p]	0.12[p]	8.6[p]
Sept	14.9[p]	11.7[p]	7.2[p]	470[p]	12.6[p]	48.1[p]	0.25[p]	0.9[p]	29.7[p]	11.2[p]	12.6[p]	9.7[p]	0.07[p]	4.6[p]	0.05[p]	3.0[p]	0.11[p]	7.1[p]
Dec	14.4[p]	11.1[p]	7.1[p]	497[p]	5.8[p]	22.0[p]	0.15[p]	0.6[p]	30.9[p]	11.6[p]	..	..	..	..	..	..	..	..
Northern Ireland																		
1976	26.4	17.3	1.3	50	9.9	..	:	:	0.6	..	17.0	11.2	0.48	18.3	0.35	13.3	0.59	22.3
1981	27.2	17.6	1.9	70	9.6	45.4	:	:	1.4	4.2	16.3	10.6	0.36	13.2	0.23	8.3	0.42	15.3
1986	28.0	17.8	3.6	128	10.2	..	:	:	1.5	..	16.1	10.3	0.36	13.2	0.23	8.3	0.42	15.3
1991	26.0	16.2	5.3	203	9.2	..	:	:	2.3	..	15.1	9.4	0.19	7.4	0.12	4.6	0.22	8.4
1996	24.4	14.7	6.3	260	8.3	..	:	:	2.3	..	15.2	9.2	0.14	5.8	0.09	3.7	0.23	9.4
1999	23.0	13.7	7.0	303	7.6	..	:	:	2.3	..	15.7	9.3	0.15	6.4	0.11	4.8	0.23	10.0
2000	21.5	12.8	6.8	318	7.6	..	:	:	2.4	..	14.9	8.9	0.11	5.1	0.08	3.8	0.15	7.3
2001	22.0	13.0	7.1	325	7.3	..	:	:	2.4	..	14.5	8.6	0.13	6.1	0.10	4.5	0.19	8.5
2002	21.4	12.6	7.2	335	7.6	..	:	:	2.2	..	14.6	8.6	0.10	4.7	0.07	3.5	0.19	8.9
2003	21.6	12.7	7.4	344	7.8	..	:	:	2.3	..	14.5	8.5	0.11	5.3	0.09	4.0	0.18	8.1
2004	22.3	13.0	7.7	345	8.3	..	:	:	2.5	..	14.4	8.4	0.12	5.5	0.08	3.7	0.18	8.2
2005	22.3	12.9	8.1	363	8.1	..	0.01[10]	..	2.4	..	14.2	8.3	0.14	6.1	0.11	4.9	0.18	8.1
2006	23.3	13.4	8.8	380	8.3	..	0.12	..	2.6	..	14.5	8.4	0.12	5.1	0.09	3.8	0.17	7.1
2005 March	5.5	13.0	2.0	363	0.9	..	:	:	0.6	..	3.8	8.9	0.03	5.1	0.02	4.0	0.05	8.4
June	5.7	13.3	2.0	359	2.2	..	:	:	0.7	..	3.7	8.6	0.04	7.0	0.03	5.5	0.05	8.6
Sept	5.9	13.7	2.0	358	3.5	..	:	:	0.5	..	3.4	7.8	0.04	6.5	0.03	5.3	0.05	7.4
Dec	5.2	11.9	1.9	373	1.4	..	0.01[10]	..	0.5	..	3.4	7.9	0.03	5.9	0.02	4.5	0.04	7.9
2006 March	5.8	13.6	2.2	370	0.9	..	0.03	..	0.7	..	4.0	9.4	0.03	5.2	0.02	3.2	0.04	6.7
June	5.8	13.3	2.2	381	2.3	..	0.04	..	0.7	..	3.6	8.4	0.03	4.6	0.02	3.6	0.04	7.3
Sept	6.1	13.9	2.3	358	3.5	..	0.03	..	0.5	..	3.4	7.8	0.03	4.8	0.02	3.5	0.05	7.4
Dec	5.6	12.8	2.2	393	1.5	..	0.02	..	0.6	..	3.5	7.9	0.03	5.8	0.03	4.9	0.04	6.3
2007 March	6.1[r]	14.2[p]	2.4[p]	383[p]	1.0[p]	..	0.02[p]	..	..	..	4.2[p]	9.6[p]	0.04[p]	6.8[p]	0.03[p]	4.7[p]	0.05[p]	7.8[p]
June	6.9[r]	13.3[p]	2.2[p]	317[p]	2.4[p]	..	0.03[p]	..	..	..	3.6[p]	8.2[p]	0.03[p]	5.2[p]	0.02[p]	3.0[p]	0.04[p]	6.8[p]
Sept	6.5[r]	13.9[p]	2.5[p]	387[p]	3.8[p]	..	0.04[p]	..	..	..	3.3[p]	7.3[p]	0.03[p]	4.7[p]	0.02[p]	3.3[p]	0.05[p]	7.0[p]

1 Per 1,000 population of all ages.
2 Per 1,000 live births.
3 Persons marrying per 1,000 unmarried population aged 16 and over.
4 Persons forming a civil partnership per 1,000 unmarried population aged 16 and over.
5 Persons divorcing per 1,000 married population.
6 Deaths under 1 year.
7 Deaths under 4 weeks.
8 Stillbirths and deaths under 1 week.
9 Per 1,000 live births and stillbirths.
10 The Civil Partnership Act 2004 came into force on 5 December 2005 in the UK - see Notes to tables.
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Table 2.2 Key demographic and health indicators

Constituent countries of the United Kingdom

Numbers (thousands), rates, percentages, mean age

				Dependency ratio		Live births					Period expectation of life (in years) at birth[7]		
	Population	Live births	Deaths	Children[1]	Elderly[2]	TFR[3]	Standardised mean age of mother at birth (years)[4]	Unstandardised mean age of mother at birth (years)[5]	Outside marriage as percentage of total live births	Age-standardised mortality rate[6]	Males	Females	Infant mortality rate[8]
United Kingdom													
1976	56,216.1	675.5	680.8	42.1	29.5	1.74	26.7	26.4	*9.0*	10,486	..	..	14.5
1981	56,357.5	730.7	658.0	37.1	29.7	1.82	27.0	26.8	*12.5*	9,506	70.8	76.8	11.2
1986	56,683.8	754.8	660.7	33.5	29.7	1.78	27.4	27.0	*20.4*	8,914	71.9	77.7	9.5
1991	57,438.7	792.3	646.2	33.2	30.0	1.82	27.7	27.7	*29.8*	8,168	73.2	78.7	7.4
1996	58,164.4	733.2	636.0	33.9	30.0	1.73	28.2	28.6	*35.5*	7,584	74.2	79.4	6.1
2001	59,113.5	669.1	602.3	32.6	29.8	1.63	28.6	29.2	*40.1*	6,807	75.6	80.4	5.5
2002	59,323.5	668.8	606.2	32.2	29.8	1.64	28.7	29.3	*40.6*	6,765	75.9	80.5	5.2
2003	59,557.3	695.6	612.0	31.8	29.9	1.71	28.8	29.4	*41.5*	6,758	76.2	80.7	5.3
2004	59,845.8	716.0	583.1	31.4	30.0	1.77	28.9	29.4	*42.3*	6,394	76.5	80.9	5.0
2005	60,238.4	722.5	582.7	31.0	30.0	1.78	29.1	29.5	*42.9*	6,268	76.9	81.3	5.1
2006	60,587.3	748.6	572.2	30.6	30.1	1.84	29.1	29.5	*43.7*	6,067[p]	..	..	5.0
England													
1976	46,659.9	550.4	560.3	41.4	29.7	1.70	26.5	26.4	*9.2*	10,271	..	..	14.2
1981	46,820.8	598.2	541.0	36.4	29.9	1.79	27.0	26.8	*12.9*	9,298	71.1	77.0	10.9
1986	47,187.6	623.6	544.5	33.1	29.8	1.76	27.4	27.0	*21.4*	8,725	72.2	77.9	9.5
1991	47,875.0	660.8	534.0	32.9	30.0	1.81	27.7	27.7	*30.1*	8,017	73.4	78.9	7.3
1996	48,519.1	614.2	524.0	33.7	30.0	1.73	28.2	28.7	*35.5*	7,414	74.5	79.6	6.1
2001	49,449.7	563.7	496.1	32.5	29.7	1.63	28.6	29.3	*39.6*	6,650	75.9	80.6	5.4
2002	49,652.3	565.7	499.1	32.1	29.7	1.65	28.7	29.4	*40.1*	6,603	76.1	80.7	5.2
2003	49,866.2	589.9	503.4	31.8	29.8	1.73	28.9	29.4	*40.9*	6,602	76.5	80.9	5.3
2004	50,110.7	607.2	479.2	31.4	29.8	1.78	29.0	29.5	*41.7*	6,232	76.8	81.1	5.0
2005	50,465.6	613.0	479.4	30.9	29.9	1.79	29.1	29.5	*42.3*	6,110	77.2	81.5	5.0
2006	50,762.9	635.7	470.3	30.6	29.9	1.86	29.2	29.5	*43.0*	5,916	..	..	5.0
Wales													
1976	2,799.3	33.4	36.3	42.0	30.9	1.78	26.2	26.0	*8.6*	10,858	..	..	13.7
1981	2,813.5	35.8	35.0	37.6	31.6	1.87	26.7	26.6	*11.2*	9,846	70.4	76.4	12.6
1986	2,810.9	37.0	34.7	34.3	32.5	1.86	26.9	26.5	*21.1*	9,043	71.6	77.5	9.5
1991	2,873.0	38.1	34.1	34.4	33.5	1.88	27.1	27.0	*32.3*	8,149	73.1	78.8	6.6
1996	2,891.3	34.9	34.6	34.9	33.7	1.81	27.5	27.8	*41.2*	7,758	73.8	79.1	5.6
2001	2,910.2	30.6	33.0	33.7	33.6	1.66	27.8	28.3	*48.3*	7,017	75.3	80.0	5.4
2002	2,919.8	30.2	33.2	33.3	33.7	1.64	28.0	28.4	*49.7*	6,953	75.5	80.1	4.5
2003	2,931.1	31.4	33.7	32.8	33.8	1.73	28.1	28.5	*50.3*	6,984	75.8	80.3	4.3
2004	2,946.4	32.3	32.1	32.3	33.9	1.78	28.2	28.5	*51.3*	6,588	76.1	80.6	4.9
2005	2,953.6	32.6	32.1	31.8	34.1	1.81	28.4	28.5	*52.4*	6,442	76.6	80.9	4.1
2006	2,965.9	33.6	31.1	31.4	34.3	1.86	28.5	28.6	*53.0*	6,190	..	..	4.1
Scotland													
1976	5,233.4	64.9	65.3	44.7	28.4	1.79	26.4	26.0	*9.3*	11,675	..	..	14.8
1981	5,180.2	69.1	63.8	38.2	28.4	1.84	26.8	26.3	*12.2*	10,849	69.1	75.3	11.3
1986	5,111.8	65.8	63.5	33.6	28.1	1.67	27.1	26.6	*20.6*	10,120	70.2	76.2	8.8
1991	5,083.3	67.0	61.0	32.4	28.9	1.69	27.5	27.4	*29.1*	9,216	71.4	77.1	7.1
1996	5,092.2	59.3	60.7	32.3	29.2	1.56	28.0	28.5	*36.0*	8,791	72.2	77.9	6.2
2001	5,064.2	52.5	57.4	30.8	30.0	1.49	28.5	29.2	*43.3*	7,930	73.3	78.8	5.5
2002	5,054.8	51.3	58.1	30.3	30.2	1.48	28.6	29.2	*44.0*	7,955	73.5	78.9	5.3
2003	5,057.4	52.4	58.5	29.9	30.3	1.54	28.7	29.3	*45.5*	7,921	73.8	79.1	5.1
2004	5,078.4	54.0	56.2	29.5	30.5	1.60	28.9	29.4	*46.7*	7,536	74.2	79.3	4.9
2005	5,094.8	54.4	55.7	29.1	30.6	1.62	29.0	29.5	*47.1*	7,349	74.6	79.6	5.2
2006	5,116.9	55.7	55.1	28.7	30.6	1.67	29.1	29.5	*47.7*	7,161	..	..	4.5
Northern Ireland													
1976	1,523.5	26.4	17.0	56.1	25.3	2.68	27.8	27.4	*5.0*	11,746	..	..	18.3
1981	1,543.0	27.2	16.3	50.6	25.3	2.59	28.1	27.5	*7.0*	10,567	69.2	75.5	13.2
1986	1,573.5	28.0	16.1	46.1	25.5	2.45	28.1	27.5	*12.8*	10,071	70.9	77.1	13.2
1991	1,607.3	26.0	15.1	44.1	26.1	2.16	28.3	28.0	*20.3*	8,303	72.6	78.4	7.4
1996	1,661.8	24.4	15.2	41.8	25.5	1.95	28.7	28.8	*26.0*	7,742	73.8	79.2	5.8
2001	1,689.3	22.0	14.5	38.6	25.5	1.80	29.1	29.4	*32.5*	6,976	75.2	80.1	6.1
2002	1,696.6	21.4	14.6	37.9	25.7	1.77	29.2	29.5	*33.5*	6,930	75.6	80.4	4.7
2003	1,702.6	21.6	14.5	37.2	25.9	1.81	29.2	29.5	*34.4*	6,743	75.8	80.6	5.3
2004	1,710.3	22.3	14.4	36.4	26.2	1.87	29.4	29.7	*34.5*	6,609	76.0	80.8	5.5
2005	1,724.4	22.3	14.2	35.8	26.3	1.87	29.5	29.7	*36.3*	6,418	76.1	81.0	6.3
2006	1,741.6	23.3	14.5	35.3	26.4	1.94	29.6	29.7	*38.0*	6,397	..	..	5.2

Note: Death figures for England and Wales represent the number of deaths registered in each year up to 1992, and the number of deaths occurring in each year from 1993 to 2005. Death figures for 2006 relate to registrations.
Birth and death figures for England and also for Wales each exclude events for persons usually resident outside England and Wales. These events are, however, included in the total for the United Kingdom. From 1981 births to non-resident mothers in Northern Ireland are excluded from the figures for Northern Ireland, and for the United Kingdom.
Period expectation of life data for the United Kingdom, England and for Wales for 2001 to 2005 is based on death registrations and revised population estimates for 2002 to 2005.

1 Percentage of children under 16 to working-age population (males 16–64 and females 16–59).
2 Percentage of males 65 and over and females 60 and over to working-age population (males 16–64 and females 16–59).
3 TFR (total fertility rate) is the number of children that would be born to a woman if current patterns of fertility persisted throughout her childbearing life. It is sometimes called the TPFR (total period fertility rate).
4 Standardised to take account of the age structure of the population.
5 Unstandardised and therefore takes no account of the age structure of the population.
6 Per million population. The age-standardised mortality rate makes allowances for changes in the age structure of the population. See Notes to tables.
7 All countries: figures for all years based on registered deaths.
8 Deaths at age under one year per 1,000 live births.
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Table 3.1 Live births: age of mother

England and Wales

Numbers (thousands), rates, mean age and TFRs

Year and quarter	Age of mother at birth: All ages	Under 20	20–24	25–29	30–34	35–39	40 and over	Mean age[1] (years)	Age of mother at birth: All ages	Under 20	20–24	25–29	30–34	35–39	40 and over	Mean age[2] (years)	TFR[3]
	Total live births (numbers)								Age-specific fertility rates[4]								
1961	811.3	59.8	249.8	248.5	152.3	77.5	23.3	27.6	89.2	37.3	172.6	176.9	103.1	48.1	15.0	27.4	2.77
1964(max)	876.0	76.7	276.1	270.7	153.5	75.4	23.6	27.2	92.9	42.5	181.6	187.3	107.7	49.8	13.7	27.3	2.93
1966	849.8	86.7	285.8	253.7	136.4	67.0	20.1	26.8	90.5	47.7	176.0	174.0	97.3	45.3	12.5	27.1	2.75
1971	783.2	82.6	285.7	247.2	109.6	45.2	12.7	26.2	83.5	50.6	152.9	153.2	77.1	32.8	8.7	26.6	2.37
1976	584.3	57.9	182.2	220.7	90.8	26.1	6.5	26.4	60.4	32.2	109.3	118.7	57.2	18.6	4.8	26.5	1.71
1977(min)	569.3	54.5	174.5	207.9	100.8	25.5	6.0	26.5	58.1	29.4	103.7	117.5	58.6	18.2	4.4	26.6	1.66
1981	634.5	56.6	194.5	215.8	126.6	34.2	6.9	26.8	61.3	28.1	105.3	129.1	68.6	21.7	4.9	27.0	1.79
1986	661.0	57.4	192.1	229.0	129.5	45.5	7.6	27.0	60.6	30.1	92.7	123.8	78.0	24.6	4.8	27.4	1.77
1991	699.2	52.4	173.4	248.7	161.3	53.6	9.8	27.7	63.6	33.0	89.3	119.4	86.7	32.1	5.3	27.7	1.82
1992	689.7	47.9	163.3	244.8	166.8	56.7	10.2	27.9	63.6	31.7	86.1	117.6	87.4	33.4	5.8	27.8	1.80
1993	673.5	45.1	152.0	236.0	171.1	58.8	10.5	28.1	62.7	30.9	82.5	114.4	87.4	34.1	6.2	27.9	1.76
1994	664.7	42.0	140.2	229.1	179.6	63.1	10.7	28.4	62.0	28.9	79.0	112.2	89.4	35.8	6.4	28.1	1.75
1995	648.1	41.9	130.7	217.4	181.2	65.5	11.3	28.5	60.5	28.5	76.4	108.4	88.3	36.3	6.8	28.2	1.72
1996	649.5	44.7	125.7	211.1	186.4	69.5	12.1	28.6	60.6	29.7	77.0	106.6	89.8	37.5	7.2	28.2	1.74
1997	643.1	46.4	118.6	202.8	187.5	74.9	12.9	28.8	60.0	30.2	76.0	104.3	89.8	39.4	7.6	28.3	1.73
1998	635.9	48.3	113.5	193.1	188.5	78.9	13.6	28.9	59.2	30.9	74.9	101.5	90.6	40.4	7.9	28.3	1.72
1999	621.9	48.4	110.7	181.9	185.3	81.3	14.3	29.0	57.8	30.9	73.0	98.3	89.6	40.6	8.1	28.4	1.70
2000	604.4	45.8	107.7	170.7	180.1	85.0	15.1	29.1	55.9	29.3	70.0	94.3	87.9	41.4	8.3	28.5	1.65
2001	594.6	44.2	108.8	159.9	178.9	86.5	16.3	29.2	54.7	28.0	69.0	91.7	88.0	41.5	8.8	28.6	1.63
2002	596.1	43.5	110.9	153.4	180.5	90.5	17.3	29.3	54.7	27.1	69.1	91.5	89.9	43.0	9.1	28.7	1.65
2003	621.5	44.2	116.6	156.9	187.2	97.4	19.1	29.4	56.8	26.9	71.3	95.8	94.9	46.4	9.8	28.8	1.73
2004	639.7	45.1	121.1	160.0	190.6	102.2	20.8	29.4	58.2	26.9	72.8	97.6	99.6	48.8	10.4	28.9	1.78
2005	645.8	44.8	122.1	164.3	188.2	104.1	22.2	29.5	58.3	26.3	71.6	97.9	100.7	50.3	10.8	29.1	1.79
2006	669.6	45.5	127.8	172.6	189.4	110.5	23.7	29.5	60.2	26.6	73.2	100.6	104.8	53.8	11.4	29.1	1.86
2002 March	143.3	10.5	26.5	37.4	43.2	21.6	4.1	29.3	53.3	26.5	67.0	90.4	87.1	41.7	8.7	28.7	1.61
June	147.2	10.4	26.7	37.9	45.5	22.4	4.3	29.4	54.2	26.2	66.8	90.6	90.9	42.6	9.0	28.8	1.63
Sept	155.0	11.4	28.9	39.9	46.9	23.4	4.5	29.3	56.4	28.2	71.4	94.5	92.6	44.2	9.4	28.7	1.70
Dec	150.6	11.2	28.8	38.2	45.0	23.0	4.5	29.3	54.8	27.7	71.0	90.4	88.8	43.5	9.3	28.7	1.65
2003 March	147.4	10.9	27.9	37.5	44.0	22.6	4.6	29.3	54.7	26.8	69.1	92.8	90.5	43.7	9.6	28.8	1.66
June	155.1	10.7	28.5	39.3	47.4	24.5	4.7	29.5	56.9	26.0	70.0	96.4	96.4	46.9	9.6	28.9	1.73
Sept	162.8	11.5	30.5	41.0	49.3	25.6	5.0	29.4	59.1	27.7	74.0	99.4	99.2	48.3	10.1	28.9	1.79
Dec	156.0	11.2	29.7	39.1	46.5	24.6	4.8	29.4	56.6	27.1	72.1	94.6	93.6	46.5	9.8	28.8	1.72
2004 March	155.2	11.0	29.3	38.7	46.6	24.7	4.9	29.4	56.8	26.5	70.8	95.0	97.9	47.4	9.8	28.9	1.74
June	157.4	10.7	29.3	39.4	47.7	25.2	5.0	29.5	57.6	25.7	70.9	96.6	100.4	48.5	10.1	29.0	1.76
Sept	165.4	11.7	31.4	41.6	49.0	26.3	5.4	29.4	59.9	27.7	75.0	101.0	102.0	50.1	10.7	28.9	1.83
Dec	161.7	11.6	31.1	40.3	47.2	26.0	5.5	29.4	58.5	27.6	74.3	97.7	98.2	49.4	10.9	28.9	1.79
2005 March	154.3	10.9	29.3	38.9	45.0	24.7	5.4	29.4	56.5	26.0	69.6	94.0	97.6	48.5	10.7	29.0	1.74
June	159.8	10.7	29.6	40.3	47.5	26.2	5.4	29.5	57.8	25.3	69.7	96.2	101.9	50.8	10.6	29.1	1.78
Sept	170.2	11.9	32.5	43.7	49.4	26.9	5.7	29.4	60.9	27.6	75.7	103.2	104.9	51.6	11.1	29.0	1.88
Dec	161.7	11.3	30.7	41.4	46.3	26.3	5.7	29.4	57.9	26.3	71.3	97.9	98.3	50.4	11.0	29.0	1.78
2006 March	159.5	11.1	30.5	40.7	45.3	26.3	5.6	29.5	58.2	26.3	70.9	96.1	101.6	52.0	11.0	29.1	1.79
June	166.2	11.4	31.2	42.9	47.6	27.1	5.9	29.5	60.0	26.6	71.8	100.4	105.7	53.0	11.3	29.1	1.85
Sept	174.9	12.0	33.5	45.6	49.0	28.9	6.0	29.4	62.4	27.7	76.1	105.4	107.5	55.9	11.4	29.1	1.93
Dec	169.0	11.1	32.6	43.5	47.5	28.1	6.2	29.5	60.3	25.7	74.0	100.5	104.3	54.4	11.8	29.2	1.86
2007[5] March	163.3[p]	10.8[p]	30.8[p]	42.5[p]	45.5[p]	27.4[p]	6.3[p]	29.6[p]	59.4[p]	25.4[p]	70.1[p]	97.6[p]	105.8[p]	54.8[p]	12.1[p]	29.3[p]	1.83[p]
June	169.2[p]	10.8[p]	31.4[p]	44.4[p]	47.7[p]	28.7[p]	6.2[p]	29.6[p]	60.9[p]	25.1[p]	70.7[p]	100.9[p]	109.6[p]	56.8[p]	11.9[p]	29.4[p]	1.88[p]
Sept	181.1[p]	11.8[p]	37.4[p]	48.5[p]	50.0[p]	29.8[p]	6.3[p]	29.5[p]	64.5[p]	27.3[p]	77.1[p]	109.1[p]	113.7[p]	58.3[p]	12.0[p]	29.2[p]	1.99[p]

Note: The rates for women of all ages, under 20, and 40 and over are based upon the populations of women aged 15–44, 15–19, and 40–44 respectively.

1 Unstandardised and therefore takes no account of the age structure of the population.

2 Standardised to take account of the age structure of the population. This measure is more appropriate for use when analysing trends or making comparisons between different geographies.

3 TFR (total fertility rate) is the number of children that would be born to a woman if current patterns of fertility persisted throughout her childbearing life. It is sometimes called the TPFR (total period fertility rate).

4 Births per 1,000 women in the age-group; all quarterly age-specific fertility rates are adjusted for days in the quarter. They are not adjusted for seasonality.

5 Birth rates for 2007 are based on the 2006-based population projections for 2007.

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Table 3.2 Live births outside marriage: age of mother and type of registration

England and Wales

Numbers (thousands), mean age and percentages

Year and quarter	Age of mother at birth: All ages	Under 20	20–24	25–29	30–34	35–39	40 and over	Mean age[1] (years)	Age of mother at birth: All ages	Under 20	20–24	25–29	30–34	35–39	40 and over	Registration[2]: Joint: Same[3] address	Joint: Different[3] addresses	Sole
	Live births outside marriage (numbers)								Percentage of total live births in age group							As a percentage of all births outside marriage		
1971	65.7	21.6	22.0	11.5	6.2	3.2	1.1	23.7	*8.4*	*26.1*	*7.7*	*4.7*	*5.7*	*7.0*	*9.0*		*45.5*	*54.5*
1976	53.8	19.8	16.6	9.7	4.7	2.3	0.7	23.3	*9.2*	*34.2*	*9.1*	*4.4*	*5.2*	*8.6*	*10.1*		*51.0*	*49.0*
1981	81.0	26.4	28.8	14.3	7.9	1.3	0.9	23.4	*12.8*	*46.7*	*14.8*	*6.6*	*6.2*	*3.9*	*12.5*		*58.2*	*41.8*
1986	141.3	39.6	54.1	27.7	13.1	5.7	1.1	23.8	*21.4*	*69.0*	*28.2*	*12.1*	*10.1*	*12.6*	*14.7*	*46.6*	*19.6*	*33.8*
1991	211.3	43.4	77.8	52.4	25.7	9.8	2.1	24.8	*30.2*	*82.9*	*44.9*	*21.1*	*16.0*	*18.3*	*21.3*	*54.6*	*19.8*	*25.6*
1992	215.2	40.1	77.1	55.9	28.9	10.9	2.3	25.2	*31.2*	*83.7*	*47.2*	*22.8*	*17.3*	*19.3*	*22.9*	*55.4*	*20.7*	*23.9*
1993	216.5	38.2	75.0	57.5	31.4	11.9	2.5	25.5	*32.2*	*84.8*	*49.4*	*24.4*	*18.4*	*20.2*	*23.5*	*54.8*	*22.0*	*23.2*
1994	215.5	35.9	71.0	58.5	34.0	13.4	2.7	25.8	*32.4*	*85.5*	*50.6*	*25.5*	*18.9*	*21.2*	*25.2*	*57.5*	*19.8*	*22.7*
1995	219.9	36.3	69.7	59.6	37.0	14.4	3.0	26.0	*33.9*	*86.6*	*53.3*	*27.4*	*20.4*	*22.0*	*26.2*	*58.1*	*20.1*	*21.8*
1996	232.7	39.3	71.1	62.3	40.5	16.2	3.2	26.1	*35.8*	*88.0*	*56.5*	*29.5*	*21.7*	*23.4*	*26.7*	*58.1*	*19.9*	*21.9*
1997	238.2	41.1	69.5	63.4	42.2	18.2	3.7	26.2	*37.0*	*88.7*	*58.6*	*31.3*	*22.5*	*24.3*	*28.6*	*59.5*	*19.3*	*21.2*
1998	240.6	43.0	67.8	62.4	43.9	19.6	3.9	*26.3*	*37.8*	*89.1*	*59.7*	*32.3*	*23.3*	*24.8*	*29.0*	*60.9*	*18.3*	*20.8*
1999	241.9	43.0	67.5	61.2	45.0	20.8	4.3	*26.4*	*38.9*	*89.0*	*61.0*	*33.6*	*24.3*	*25.6*	*30.2*	*61.8*	*18.2*	*19.9*
2000	238.6	41.1	67.5	59.1	43.9	22.3	4.7	*26.5*	*39.5*	*89.7*	*62.6*	*34.6*	*24.4*	*26.2*	*31.0*	*62.7*	*18.2*	*19.2*
2001	238.1	39.5	68.1	56.8	45.2	23.3	5.1	26.7	*40.0*	*89.5*	*62.6*	*35.5*	*25.3*	*26.9*	*31.6*	*63.2*	*18.4*	*18.4*
2002	242.0	38.9	70.2	55.8	46.4	25.1	5.6	26.8	*40.6*	*89.5*	*63.3*	*36.4*	*25.7*	*27.7*	*32.2*	*63.7*	*18.5*	*17.8*
2003	257.2	39.9	75.7	58.2	49.2	27.8	6.4	26.9	*41.4*	*90.2*	*64.9*	*37.1*	*26.3*	*28.5*	*33.3*	*63.5*	*19.0*	*17.4*
2004	269.7	41.0	79.8	61.4	50.7	29.7	7.1	27.0	*42.2*	*91.0*	*65.9*	*38.4*	*26.6*	*29.0*	*34.0*	*63.6*	*19.6*	*16.8*
2005	276.5	41.2	82.1	64.4	50.8	30.3	7.7	27.0	*42.8*	*91.8*	*67.2*	*39.2*	*27.0*	*29.1*	*34.8*	*63.5*	*20.2*	*16.3*
2006	291.4	42.3	87.7	69.3	51.4	32.2	8.4	27.0	*43.5*	*93.0*	*68.6*	*40.1*	*27.1*	*29.2*	*35.5*	*63.7*	*20.8*	*15.6*
2002 March	58.0	9.4	16.7	13.6	10.9	6.0	1.3	26.8	*40.5*	*89.4*	*63.0*	*36.4*	*25.4*	*27.7*	*31.5*	*63.2*	*18.5*	*18.3*
June	58.3	9.3	16.6	13.5	11.4	6.1	1.4	26.8	*39.6*	*89.4*	*62.2*	*35.6*	*25.0*	*27.2*	*31.7*	*64.2*	*18.2*	*17.7*
Sept	63.4	10.2	18.4	14.6	12.3	6.5	1.5	26.8	*40.9*	*89.3*	*63.8*	*36.6*	*26.1*	*27.9*	*32.7*	*63.9*	*18.5*	*17.5*
Dec	62.3	10.0	18.4	14.1	11.9	6.5	1.5	26.8	*41.4*	*89.7*	*64.1*	*36.9*	*26.4*	*28.0*	*32.8*	*63.3*	*18.9*	*17.8*
2003 March	61.0	9.8	18.0	13.9	11.6	6.3	1.5	26.8	*41.4*	*90.1*	*64.5*	*37.0*	*26.9*	*29.1*	*33.3*	*63.0*	*18.9*	*18.1*
June	62.8	9.6	18.3	14.2	12.2	6.9	1.6	27.0	*40.5*	*90.0*	*64.0*	*36.2*	*25.7*	*28.3*	*33.7*	*64.0*	*18.5*	*17.4*
Sept	67.6	10.3	20.0	15.3	13.0	7.3	1.7	26.9	*41.5*	*90.2*	*65.6*	*38.3*	*26.4*	*28.6*	*33.3*	*63.7*	*19.3*	*18.0*
Dec	65.8	10.2	19.5	14.9	12.5	7.3	1.6	26.9	*42.2*	*90.4*	*65.6*	*38.0*	*27.7*	*29.5*	*32.9*	*63.3*	*19.4*	*17.4*
2004 March	65.2	10.1	19.3	14.8	12.5	7.0	1.7	26.9	*42.0*	*91.2*	*65.8*	*38.2*	*26.8*	*28.2*	*34.3*	*63.1*	*19.4*	*17.4*
June	65.2	9.8	19.1	14.9	12.5	7.3	1.7	27.0	*41.4*	*91.0*	*65.1*	*37.7*	*26.2*	*28.8*	*34.5*	*63.9*	*19.5*	*16.6*
Sept	70.2	10.7	20.7	16.1	13.0	7.9	1.8	27.0	*42.4*	*91.2*	*66.1*	*38.6*	*26.5*	*30.0*	*33.5*	*63.7*	*19.7*	*16.6*
Dec	69.1	10.6	20.7	15.7	12.7	7.5	1.9	26.9	*42.7*	*90.6*	*66.6*	*39.0*	*27.0*	*29.0*	*33.9*	*63.6*	*19.8*	*16.6*
2005 March	66.3	10.1	19.6	15.2	12.2	7.3	1.9	27.0	*43.0*	*92.0*	*67.0*	*39.0*	*27.1*	*29.6*	*35.2*	*63.1*	*20.3*	*16.6*
June	66.6	9.8	19.7	15.4	12.5	7.4	1.8	27.0	*41.7*	*91.2*	*66.5*	*38.2*	*26.4*	*28.1*	*33.5*	*63.7*	*19.8*	*16.5*
Sept	73.7	10.9	22.1	17.3	13.4	7.9	2.1	26.9	*43.3*	*92.0*	*68.0*	*39.6*	*27.2*	*29.3*	*35.7*	*63.7*	*20.3*	*16.0*
Dec	69.9	10.4	20.7	16.5	12.6	7.7	2.0	27.0	*43.2*	*92.1*	*67.4*	*39.8*	*27.3*	*29.5*	*34.8*	*63.5*	*20.3*	*16.2*
2006 March	68.7	10.3	20.8	16.0	12.0	7.6	1.9	26.9	*43.1*	*93.1*	*68.1*	*39.4*	*26.5*	*28.9*	*34.4*	*63.1*	*20.9*	*16.0*
June	71.4	10.5	21.2	16.9	12.8	7.8	2.1	27.0	*43.0*	*92.6*	*68.0*	*39.4*	*26.9*	*28.8*	*35.0*	*63.7*	*20.6*	*15.6*
Sept	76.8	11.1	23.1	18.6	13.4	8.4	2.2	27.0	*43.9*	*92.8*	*69.0*	*40.7*	*27.3*	*29.2*	*36.9*	*64.1*	*20.5*	*15.4*
Dec	74.5	10.3	22.6	17.8	13.2	8.4	2.2	27.1	*44.1*	*93.3*	*69.2*	*40.9*	*27.8*	*29.8*	*35.7*	*63.6*	*21.0*	*15.4*
2007 March	72.1[p]	10.1[p]	21.6[p]	17.6[p]	12.6[p]	8.2[p]	2.2[p]	27.1[p]	*44.2[p]*	*93.4[p]*	*69.9[p]*	*41.4[p]*	*27.6[p]*	*29.8[p]*	*35.4[p]*	*64.1[p]*	*20.5[p]*	*15.4[p]*
June	73.4[p]	10.0[p]	21.8[p]	18.2[p]	13.0[p]	8.3[p]	2.2[p]	27.1[p]	*43.4[p]*	*92.5[p]*	*69.4[p]*	*41.0[p]*	*27.2[p]*	*28.8[p]*	*34.6[p]*	*65.1[p]*	*19.9[p]*	*14.9[p]*
Sept	80.7[p]	11.0[p]	24.4[p]	20.3[p]	13.9[p]	8.8[p]	2.2[p]	27.0[p]	*44.5[p]*	*93.2[p]*	*70.5[p]*	*41.8[p]*	*27.8[p]*	*29.5[p]*	*24.8[p]*	*65.2[p]*	*19.9[p]*	*14.9[p]*

1 Unstandardised and therefore takes no account of the age structure of the population.
2 Births outside marriage can be registered by both the mother and father (joint) or by the mother alone (sole).
3 Usual address(es) of parents.
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Table 4.1 Conceptions: age of woman at conception

England and Wales (residents)

Numbers (thousands) and rates; and percentage terminated by abortion

Year and quarter	Age of woman at conception								
	All ages	Under 16	Under 18	Under 20	20–24	25–29	30–34	35–39	40 and over
	(a) numbers (thousands)								
1991	853.7	7.5	40.1	101.6	233.3	281.5	167.5	57.6	12.1
1996	816.9	8.9	43.5	94.9	179.8	252.6	200.0	75.5	14.1
1999	774.0	7.9	42.0	98.8	157.6	218.5	197.1	86.0	16.0
2000	767.0	8.1	41.3	97.7	159.0	209.3	195.3	88.7	17.0
2001	763.7	7.9	41.0	96.0	161.6	199.3	196.7	92.2	17.8
2002	787.0	7.9	42.0	97.1	167.8	199.4	204.3	98.9	19.6
2003	806.8	8.0	42.2	98.6	175.3	199.8	209.0	103.1	20.9
2004	826.8	7.6	42.2	101.3	181.3	205.1	209.6	106.8	22.8
2005	841.8	7.9	42.3	102.3	185.5	211.3	209.2	110.0	23.6
2006[P]	866.8	7.8	41.6	102.7	190.5	221.4	211.7	115.0	25.4
2003 March	198.2	1.9	10.5	24.5	42.9	49.4	51.2	25.2	4.9
June	198.5	2.1	10.8	24.7	43.2	49.1	51.1	25.2	5.2
Sept	200.1	2.0	10.2	23.7	43.1	49.3	52.8	26.1	5.2
Dec	210.0	2.0	10.7	25.7	46.1	52.0	54.0	26.7	5.6
2004 March	207.9	2.0	10.9	26.2	45.9	51.1	52.6	26.6	5.6
June	200.1	1.9	10.6	25.0	43.7	49.3	50.4	25.9	5.7
Sept	203.6	1.8	10.0	24.0	44.1	50.7	52.7	26.6	5.6
Dec	215.2	1.9	10.8	26.1	47.7	54.0	54.0	27.6	5.8
2005 March	204.6	1.9	10.4	25.1	45.4	50.8	51.0	26.6	5.7
June	204.7	2.0	10.5	25.1	45.2	51.0	50.7	26.9	5.8
Sept	210.9	2.0	10.4	25.3	45.6	53.3	53.1	27.5	6.0
Dec	221.7	2.0	11.0	26.8	49.3	56.2	54.3	29.1	6.0
2006 March[P]	214.0	1.8	10.2	25.4	47.5	54.2	52.4	28.3	6.2
June[P]	211.7	2.0	10.5	25.6	46.7	53.5	51.2	28.2	6.4
Sept[P]	214.2	1.9	9.9	24.6	46.1	55.1	53.3	28.8	6.4
Dec[P]	226.9	2.0	10.9	27.0	50.3	58.6	54.7	29.8	6.4
2007 March[1,P]	220.6	2.0	10.7	26.4	48.8	56.3	52.0	28.9	6.4
	(b) rates (conceptions per thousand women in age group)								
1991	77.7	8.9	44.6	64.1	120.2	135.1	90.1	34.4	6.6
1996	76.2	9.5	46.3	63.2	110.1	127.6	96.3	40.7	8.4
1999	71.9	8.3	45.1	63.1	103.9	118.0	95.3	42.9	9.1
2000	70.9	8.3	43.9	62.5	103.2	115.7	95.3	43.2	9.4
2001	70.3	8.0	42.7	60.8	102.5	114.2	96.7	44.3	9.6
2002	72.2	7.9	42.9	60.6	104.4	119.0	101.7	47.0	10.3
2003	73.7	7.9	42.4	60.0	107.2	122.0	106.0	49.1	10.7
2004	75.2	7.5	41.8	60.3	109.0	125.1	109.6	51.0	11.4
2005	76.0	7.8	41.4	60.1	108.7	125.8	112.0	53.2	11.5
2006[P]	78.0	7.7	40.7	60.0	109.1	129.0	117.1	56.1	12.2
2003 March	73.6	7.8	42.9	61.1	107.2	121.3	104.6	48.6	10.4
June	72.8	8.3	43.5	60.5	106.2	120.0	103.6	48.0	10.8
Sept	72.5	7.9	40.6	57.0	104.3	119.4	106.6	49.3	10.5
Dec	76.0	7.8	42.6	61.5	111.0	126.9	109.8	50.5	11.2
2004 March	76.2	7.8	43.5	63.2	111.5	125.4	109.3	51.1	11.4
June	73.2	7.7	42.2	60.1	105.9	121.1	105.5	49.7	11.5
Sept	73.6	7.1	39.2	56.8	105.0	122.6	109.9	50.6	11.1
Dec	77.7	7.4	42.4	61.5	112.9	129.9	113.2	52.8	11.4
2005 March	75.1	7.6	41.5	60.0	108.9	123.8	109.8	51.8	11.4
June	74.2	8.0	41.1	59.1	106.7	122.1	108.5	52.0	11.4
Sept	75.5	7.8	40.5	59.0	105.7	125.6	113.3	52.8	11.7
Dec	79.3	7.9	42.8	62.4	113.6	131.7	116.7	55.9	11.5
2006 March[P]	78.2	7.1	40.4	60.3	111.2	129.2	116.2	55.7	12.2
June[P]	76.4	8.2	41.3	60.1	107.6	125.4	113.1	55.1	12.4
Sept[P]	76.4	7.7	38.6	57.0	104.4	126.9	117.5	55.7	12.1
Dec[P]	80.9	8.0	42.4	62.6	113.4	134.1	121.7	57.8	12.2
2007 March[1,P]	80.4	8.0	42.6	62.4	111.9	130.7	119.1	57.6	12.5
	(c) percentage terminated by abortion								
1991	*19.4*	*51.1*	*39.9*	*34.5*	*22.2*	*13.4*	*13.7*	*22.0*	*41.6*
1996	*20.8*	*49.2*	*40.0*	*36.2*	*25.7*	*15.6*	*14.1*	*21.2*	*37.6*
1999	*22.6*	*52.6*	*43.0*	*38.6*	*28.5*	*17.5*	*14.7*	*21.2*	*37.0*
2000	*22.7*	*54.0*	*44.2*	*39.3*	*29.2*	*17.7*	*14.5*	*20.5*	*35.4*
2001	*23.2*	*55.8*	*45.7*	*40.4*	*29.7*	*18.4*	*14.6*	*20.4*	*34.6*
2002	*22.5*	*55.6*	*45.3*	*39.9*	*28.8*	*17.9*	*13.9*	*19.5*	*34.6*
2003	*22.5*	*57.4*	*45.7*	*40.2*	*29.0*	*17.9*	*13.6*	*18.9*	*34.7*
2004	*22.4*	*57.2*	*45.6*	*40.1*	*28.9*	*18.2*	*13.2*	*18.3*	*33.0*
2005	*22.2*	*57.1*	*46.3*	*40.3*	*28.6*	*18.0*	*13.2*	*17.7*	*32.8*
2006[P]	*22.3*	*59.8*	*48.5*	*41.9*	*28.7*	*18.1*	*13.1*	*17.2*	*31.9*
2003 March	*22.8*	*58.9*	*46.1*	*40.2*	*29.5*	*17.9*	*13.8*	*19.7*	*34.5*
June	*23.1*	*58.3*	*46.2*	*40.9*	*29.3*	*18.4*	*14.2*	*19.2*	*36.1*
Sept	*21.6*	*56.9*	*45.3*	*39.5*	*28.0*	*17.1*	*13.0*	*18.0*	*33.8*
Dec	*22.5*	*55.7*	*45.0*	*40.3*	*29.0*	*18.1*	*13.5*	*18.5*	*34.5*
2004 March	*22.7*	*58.2*	*45.7*	*40.2*	*29.4*	*18.5*	*13.4*	*18.2*	*32.9*
June	*23.0*	*57.2*	*46.3*	*40.8*	*29.2*	*18.6*	*13.7*	*19.2*	*33.5*
Sept	*21.9*	*56.8*	*45.8*	*40.0*	*28.4*	*17.9*	*12.8*	*17.8*	*33.0*
Dec	*22.0*	*56.3*	*44.5*	*39.3*	*28.6*	*17.8*	*13.0*	*18.2*	*32.5*
2005 March	*22.5*	*57.5*	*47.3*	*41.1*	*29.2*	*18.1*	*13.1*	*18.0*	*32.6*
June	*22.7*	*57.0*	*45.8*	*40.3*	*28.9*	*18.6*	*13.9*	*17.8*	*33.8*
Sept	*21.4*	*56.2*	*45.3*	*39.0*	*27.5*	*17.5*	*12.6*	*17.2*	*32.1*
Dec	*22.2*	*57.5*	*46.9*	*40.6*	*28.7*	*17.8*	*13.1*	*17.7*	*32.7*
2006 March[P]	*22.5*	*59.0*	*47.7*	*41.6*	*29.1*	*18.4*	*13.0*	*17.5*	*31.1*
June[P]	*23.2*	*59.5*	*49.1*	*42.6*	*29.8*	*18.9*	*13.9*	*17.9*	*31.7*
Sept[P]	*21.6*	*60.5*	*48.1*	*41.4*	*27.8*	*17.6*	*12.8*	*16.4*	*32.9*
Dec[P]	*22.0*	*60.0*	*49.0*	*42.0*	*28.3*	*17.5*	*12.8*	*16.9*	*31.8*
2007 March[1,P]	*22.7*	*62.7*	*50.9*	*43.4*	*29.7*	*18.5*	*13.1*	*17.0*	*31.4*

Note: Conception figures are estimates derived from birth registrations and abortion notifications.
Rates for women of all ages, under 16, under 18, under 20 and 40 and over are based on the population of women aged 15–44, 13–15, 15–17, 15–19 and 40–44 respectively.
For a quarterly analysis of conceptions to women under 18 for local authority areas see the National Statistics website, www.statistics.gov.uk

1 Figures for conceptions by age for the March quarter of 2007 exclude maternities where the mother's age was not recorded.

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Table 4.2 Abortions: residents and non-residents; age and gestation (residents only)

England and Wales

Numbers (thousands) and rates; and percentages for gestation weeks

Year and quarter	All ages			All women (residents)										
				Age group							Gestation weeks (percentages)			
	All[1] women	Residents[1]	Non-[1] residents	Under 16	16–19	20–24	25–29	30–34	35–44	45 and over	Under 9	9–12	13–19	20 and over
	Numbers (thousands)										Percentages			
1971	126.8	94.6	32.2	2.3	18.2	24.5	17.3	14.2	15.9	0.5	*16.6*	*57.9*	*21.8*	*1.0*
1976	129.7	101.9	27.8	3.4	24.0	23.6	19.3	14.6	14.7	0.5	*24.8*	*55.8*	*15.0*	*1.1*
1981	162.5	128.6	33.9	3.5	31.4	34.3	21.9	18.7	17.6	0.6	*31.0*	*53.4*	*13.5*	*1.3*
1986	172.3	147.6	24.7	3.9	33.8	45.3	28.7	18.0	17.5	0.4	*33.4*	*53.8*	*11.5*	*1.4*
1991	179.5	167.4	12.1	3.2	31.1	52.7	38.6	23.4	17.9	0.4	*35.2*	*52.9*	*10.6*	*1.2*
1996	177.5	167.9	9.6	3.6	28.8	46.4	39.3	28.2	21.1	0.4	*40.0*	*48.7*	*10.1*	*1.3*
1997	179.7	170.1	9.6	3.4	29.9	45.0	40.2	28.9	22.3	0.5	*41.2*	*47.9*	*9.6*	*1.2*
1998	187.4	177.9	9.5	3.8	33.2	45.8	40.4	30.4	23.8	0.5	*41.4*	*47.6*	*9.7*	*1.3*
1999	183.2	173.7	9.5	3.6	32.8	45.0	38.5	29.1	24.1	0.5	*42.5*	*46.5*	*9.5*	*1.4*
2000	185.4	175.5	9.8	3.7	33.2	47.1	37.9	28.7	24.4	0.5	*43.3*	*45.0*	*10.3*	*1.5*
2001	186.3	176.4	9.9	3.7	33.4	48.3	36.5	28.8	25.2	0.5	*42.8*	*45.0*	*10.6*	*1.6*
2002	185.4	175.9	9.5	3.7	33.0	48.4	35.8	28.5	26.0	0.5	*42.2*	*45.2*	*11.0*	*1.6*
2003	190.7	181.6	9.1	4.0	34.2	51.1	36.0	28.7	26.9	0.5	*43.6*	*43.7*	*11.1*	*1.6*
2004	194.5	185.7	8.8	3.8	35.5	52.8	37.8	28.1	27.3	0.5	*46.2*	*41.5*	*10.8*	*1.6*
2005	194.4	186.4	7.9	3.8	35.3	53.3	38.3	27.8	27.2	0.6	*53.6*	*35.7*	*9.3*	*1.4*
2006	201.2	193.7	7.4	4.0	37.3	55.3	40.4	28.2	27.9	0.7	*54.9*	*34.3*	*9.2*	*1.5*
2003 March	50.0	47.6	2.4	1.0	9.1	13.4	9.4	7.5	7.0	0.1	*40.9*	*45.3*	*12.2*	*1.6*
June	47.7	45.4	2.3	1.0	8.5	12.7	9.1	7.2	6.7	0.1	*42.5*	*44.4*	*11.4*	*1.6*
Sept	47.7	44.8	2.3	1.0	8.3	12.5	8.9	7.2	6.7	0.1	*43.3*	*43.9*	*11.2*	*1.5*
Dec	46.0	43.9	2.1	0.9	8.3	12.5	8.6	6.9	6.5	0.1	*47.7*	*41.0*	*9.6*	*1.7*
2004 March	51.1	48.7	2.4	1.0	9.4	13.9	9.8	7.5	7.0	0.1	*41.7*	*44.5*	*12.1*	*1.7*
June	48.9	46.6	2.3	1.0	8.9	13.3	9.5	6.9	6.9	0.1	*43.6*	*43.3*	*11.2*	*1.8*
Sept	48.4	46.3	2.1	1.0	8.9	13.0	9.4	7.0	6.9	0.1	*47.8*	*40.5*	*10.3*	*1.4*
Dec	46.1	44.2	1.9	1.0	8.4	12.6	9.1	6.6	6.5	0.1	*52.0*	*37.2*	*9.5*	*1.3*
2005 March	50.1	47.9	2.1	0.9	9.1	13.9	9.7	7.2	7.0	0.1	*47.2*	*40.4*	*11.0*	*1.4*
June	50.1	48.0	2.1	1.0	9.2	13.9	9.9	7.1	6.9	0.1	*53.8*	*35.6*	*9.2*	*1.4*
Sept	47.0	45.1	1.9	1.0	8.5	12.7	9.3	6.9	6.7	0.1	*56.5*	*33.6*	*8.5*	*1.3*
Dec	47.2	45.3	1.8	0.9	8.6	12.9	9.5	6.7	6.7	0.1	*57.2*	*32.9*	*8.3*	*1.5*
2006 March	52.4	50.4	2.0	1.0	9.8	14.6	10.4	7.2	7.3	0.2	*50.6*	*37.3*	*10.5*	*1.6*
June	51.3	49.3	2.0	1.0	9.4	14.2	10.3	7.2	7.1	0.2	*53.6*	*35.3*	*9.4*	*1.7*
Sept	49.8	47.9	1.8	1.0	9.2	13.6	10.0	7.0	6.9	0.2	*56.5*	*33.0*	*9.0*	*1.5*
December	47.7	46.0	1.6	1.0	8.8	13.0	9.6	6.7	6.7	0.1	*59.5*	*31.3*	*7.9*	*1.3*
2007 March[p]	54.8	52.9	1.9	1.1	10.6	15.2	11.0	7.3	7.3	0.2	*54.1*	*35.0*	*9.4*	*1.5*
June[p]	50.9	49.1	1.8	1.1	9.9	14.2	10.3	6.8	6.8	0.2	*56.6*	*32.7*	*9.2*	*1.5*
Sept[p]	48.2	46.5	1.7	1.0	9.3	13.0	9.8	6.3	6.8	0.2	*58.4*	*31.5*	*8.8*	*1.3*
Rates (per thousand women residents)														
	ASR[2] (women 15–44)	Crude rate[3] (women 15–44)												
1971	9.9	10.1	:	2.3	13.9	13.1	10.7	10.0	5.6	0.3				
1976	10.2	10.5	:	2.9	16.9	14.2	10.4	9.2	5.3	0.3				
1981	11.9	12.4	:	3.0	19.4	18.6	13.1	10.1	5.9	0.4				
1986	13.0	13.5	:	3.7	22.0	21.9	15.5	10.8	5.1	0.3				
1991	15.0	15.2	:	3.8	24.0	27.1	18.5	12.6	5.1	0.3				
1996	16.0	15.7	:	3.9	24.2	28.4	19.9	13.6	6.0	0.2				
1997	16.3	15.9	:	3.7	24.4	28.8	20.7	13.8	6.2	0.3				
1998	17.1	16.6	:	4.0	26.8	30.2	21.2	14.6	6.5	0.3				
1999	16.8	16.2	:	3.8	26.3	29.7	20.8	14.1	6.4	0.3				
2000	17.0	16.3	:	3.9	26.9	30.7	20.9	14.1	6.3	0.3				
2001	17.0	16.2	:	3.7	26.6	30.6	20.9	14.2	6.4	0.3				
2002	17.0	16.1	:	3.7	25.8	30.1	21.4	14.2	6.5	0.3				
2003	17.5	16.6	:	3.9	26.1	31.2	22.1	14.6	6.6	0.3				
2004	17.8	16.9	:	3.7	26.5	31.9	23.3	14.7	6.7	0.3				
2005	17.8	17.0	:	3.7	26.3	32.0	23.6	14.5	6.6	0.3				
2006	18.3	17.5	:	3.9	27.3	32.5	24.3	15.1	6.8	0.4				
2003 March	18.3	17.4	:	4.0	28.0	33.0	22.9	15.1	6.9	0.3				
June	17.4	16.6	:	4.0	26.1	31.1	22.3	14.5	6.6	0.3				
Sept	17.2	16.4	:	4.0	25.3	30.6	21.8	14.6	6.6	0.3				
Dec	16.8	16.0	:	3.7	25.2	30.4	21.1	14.2	6.4	0.3				
2004 March	18.7	17.8	:	3.9	28.3	33.8	24.1	15.4	6.9	0.3				
June	17.9	17.0	:	3.8	26.7	32.3	23.3	14.4	6.7	0.3				
Sept	17.8	16.9	:	3.7	26.6	31.5	23.0	14.8	6.8	0.3				
Dec	17.0	16.2	:	3.5	25.0	30.4	22.3	14.2	6.3	0.3				
2005 March	18.4	17.5	:	3.7	27.0	33.5	23.8	15.2	6.8	0.3				
June	18.4	17.5	:	3.8	27.2	33.3	24.1	15.3	6.7	0.3				
Sept	17.3	16.4	:	3.8	25.2	30.5	22.6	14.8	6.5	0.3				
Dec	17.4	16.5	:	3.6	25.4	30.9	23.0	14.4	6.5	0.3				
2006 March	19.3	18.4	:	3.9	29.0	34.8	25.0	15.9	7.0	0.3				
June	18.9	18.0	:	3.9	27.8	33.8	24.7	16.0	6.8	0.4				
Sept	18.3	17.5	:	4.0	27.0	32.2	23.9	15.9	6.7	0.4				
Dec	17.5	16.8	:	4.0	25.9	30.8	22.8	15.3	6.5	0.3				
2007 March[p]	19.9	19.1	:	4.6	30.9	35.0	25.4	16.6	7.1	0.4				
June[p]	18.4	17.7	:	4.4	28.7	32.5	23.5	15.4	6.5	0.4				
Sept[p]	17.4	16.8	:	4.1	26.9	29.6	22.4	14.7	6.6	0.4				

Notes: Rates for under 16 and 45 and over are based on female populations aged 13–15 and 45–49 respectively.
1 Includes cases with not stated age and/or gestation week.
2 Rates for all women residents age-standardised to the European population for ages 15–44.
3 Includes incomplete forms that have been returned to practitioners.
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Table 5.1 Period expectation of life at birth and selected age

Constituent countries of the United Kingdom[1]

Years

Year	Males								Year	Females							
	At birth	At age								At birth	At age						
		5	20	30	50	60	70	80			5	20	30	50	60	70	80
United Kingdom																	
1981	70.8	66.9	52.3	42.7	24.1	16.3	10.1	5.8	1981	76.8	72.7	57.9	48.2	29.2	20.8	13.3	7.5
1986	71.9	67.8	53.2	43.6	24.9	16.8	10.5	6.0	1986	77.7	73.4	58.6	48.8	29.8	21.2	13.8	7.8
1991	73.2	68.9	54.2	44.7	26.0	17.7	11.1	6.4	1991	78.7	74.3	59.5	49.7	30.6	21.9	14.3	8.2
1996	74.2	69.8	55.1	45.6	26.9	18.5	11.6	6.6	1996	79.4	74.9	60.1	50.3	31.2	22.3	14.5	8.3
2000	75.3	70.9	56.1	46.6	28.0	19.5	12.3	7.0	2000	80.1	75.6	60.8	51.0	31.9	23.0	15.0	8.6
2001[2]	75.6	71.2	56.4	46.9	28.2	19.7	12.5	7.1	2001[2]	80.4	75.8	61.0	51.2	32.1	23.2	15.1	8.7
2002[2]	75.9	71.4	56.6	47.1	28.5	19.9	12.6	7.1	2002[2]	80.5	75.9	61.1	51.3	32.2	23.3	15.2	8.7
2003[2]	76.2	71.7	56.9	47.4	28.7	20.2	12.8	7.3	2003[2]	80.7	76.1	61.3	51.5	32.4	23.4	15.3	8.7
2004[2]	76.5	72.0	57.3	47.7	29.0	20.5	13.1	7.4	2004[2]	80.9	76.4	61.5	51.7	32.6	23.6	15.5	8.8
2005[2]	76.9	72.4	57.6	48.0	29.4	20.8	13.4	7.6	2005[2]	81.3	76.7	61.9	52.0	32.9	23.9	15.8	9.0
England and Wales																	
1981	71.0	67.1	52.5	42.9	24.3	16.4	10.1	5.8	1981	77.0	72.9	58.1	48.3	29.4	20.9	13.4	7.5
1986	72.1	68.0	53.4	43.8	25.0	16.9	10.5	6.1	1986	77.9	73.6	58.8	49.0	30.0	21.4	13.9	7.9
1991	73.4	69.1	54.4	44.8	26.1	17.8	11.2	6.4	1991	78.9	74.5	59.7	49.9	30.8	22.0	14.4	8.3
1996	74.5	70.1	55.3	45.8	27.1	18.6	11.6	6.6	1996	79.6	75.1	60.2	50.4	31.3	22.5	14.6	8.4
2000	75.6	71.1	56.4	46.8	28.1	19.6	12.3	7.0	2000	80.3	75.8	60.9	51.1	32.0	23.1	15.1	8.6
2001[2]	75.9	71.4	56.7	47.1	28.4	19.9	12.5	7.1	2001[2]	80.5	76.0	61.2	51.3	32.2	23.3	15.2	8.7
2002[2]	76.1	71.6	56.9	47.3	28.6	20.1	12.7	7.2	2002[2]	80.7	76.1	61.3	51.5	32.3	23.4	15.3	8.7
2003[2]	76.4	71.9	57.2	47.6	28.9	20.3	12.9	7.3	2003[2]	80.9	76.3	61.5	51.7	32.5	23.6	15.4	8.8
2004[2]	76.8	72.3	57.5	47.9	29.2	20.6	13.2	7.4	2004[2]	81.1	76.6	61.7	51.9	32.7	23.8	15.6	8.9
2005[2]	77.2	72.7	57.9	48.3	29.6	21.0	13.5	7.6	2005[2]	81.5	76.9	62.0	52.2	33.1	24.1	15.9	9.1
England																	
1981	71.1	67.1	52.5	42.9	24.3	16.4	10.1	5.8	1981	77.0	72.9	58.2	48.4	29.4	20.9	13.4	7.5
1986	72.2	68.1	53.4	43.8	25.1	17.0	10.6	6.1	1986	77.9	73.6	58.8	49.0	30.0	21.4	13.9	7.9
1991	73.4	69.1	54.4	44.9	26.2	17.8	11.2	6.4	1991	78.9	74.5	59.7	49.9	30.8	22.0	14.4	8.3
1996	74.5	70.1	55.4	45.8	27.1	18.7	11.7	6.6	1996	79.6	75.1	60.3	50.4	31.3	22.5	14.6	8.4
2000	75.6	71.2	56.4	46.9	28.2	19.6	12.4	7.0	2000	80.3	75.8	61.0	51.2	32.0	23.1	15.1	8.6
2001[2]	75.9	71.4	56.7	47.1	28.5	19.9	12.6	7.1	2001[2]	80.6	76.0	61.2	51.4	32.2	23.3	15.2	8.7
2002[2]	76.1	71.7	56.9	47.4	28.7	20.1	12.7	7.2	2002[2]	80.7	76.1	61.3	51.5	32.4	23.4	15.3	8.7
2003[2]	76.5	72.0	57.2	47.6	28.9	20.4	12.9	7.3	2003[2]	80.9	76.4	61.5	51.7	32.6	23.6	15.4	8.8
2004[2]	76.8	72.3	57.6	48.0	29.2	20.7	13.2	7.4	2004[2]	81.1	76.6	61.7	51.9	32.8	23.8	15.6	8.9
2005[2]	77.2	72.7	57.9	48.3	29.6	21.0	13.5	7.6	2005[2]	81.5	76.9	62.1	52.3	33.1	24.1	15.9	9.1
Wales																	
1981	70.4	66.5	51.9	42.2	23.6	15.8	9.7	5.6	1981	76.4	72.3	57.5	47.7	28.9	20.5	13.1	7.4
1986	71.6	67.5	52.8	43.2	24.6	16.6	10.3	6.0	1986	77.5	73.3	58.5	48.7	29.7	21.1	13.7	7.8
1991	73.1	68.8	54.1	44.6	25.8	17.6	11.0	6.4	1991	78.8	74.3	59.5	49.7	30.6	21.8	14.3	8.3
1996	73.8	69.4	54.7	45.3	26.6	18.2	11.3	6.4	1996	79.1	74.6	59.7	49.9	30.9	22.1	14.4	8.3
2000	74.8	70.4	55.7	46.2	27.6	19.1	12.0	6.8	2000	79.7	75.2	60.4	50.6	31.5	22.6	14.7	8.4
2001[2]	75.3	70.8	56.0	46.6	28.0	19.5	12.3	7.0	2001[2]	80.0	75.4	60.6	50.8	31.7	22.8	14.9	8.5
2002[2]	75.5	70.9	56.2	46.8	28.2	19.7	12.4	7.1	2002[2]	80.1	75.5	60.7	50.9	31.8	22.9	15.0	8.6
2003[2]	75.8	71.2	56.5	47.0	28.4	19.9	12.6	7.2	2003[2]	80.3	75.7	60.9	51.1	32.0	23.1	15.1	8.6
2004[2]	76.1	71.6	56.8	47.3	28.7	20.2	12.8	7.3	2004[2]	80.6	76.0	61.1	51.3	32.2	23.3	15.2	8.7
2005[2]	76.6	72.0	57.3	47.7	29.2	20.6	13.2	7.6	2005[2]	80.9	76.3	61.5	51.6	32.6	23.7	15.5	8.9
Scotland																	
1981	69.1	65.2	50.6	41.1	22.9	15.4	9.6	5.5	1981	75.3	71.2	56.4	46.7	27.9	19.7	12.7	7.2
1986	70.2	66.0	51.4	41.9	23.5	15.8	9.9	5.7	1986	76.2	71.9	57.1	47.3	28.4	20.1	13.0	7.5
1991	71.4	67.1	52.5	43.0	24.6	16.6	10.4	6.1	1991	77.1	72.7	57.9	48.1	29.2	20.7	13.5	7.9
1996	72.2	67.8	53.1	43.7	25.3	17.3	10.9	6.3	1996	77.9	73.3	58.5	48.8	29.8	21.2	13.8	8.0
2000	73.1	68.6	53.9	44.6	26.3	18.2	11.5	6.6	2000	78.6	74.0	59.2	49.4	30.5	21.8	14.1	8.1
2001	73.3	68.8	54.2	44.8	26.6	18.4	11.7	6.8	2001	78.8	74.2	59.4	49.6	30.7	22.0	14.3	8.2
2002	73.5	69.0	54.3	45.0	26.7	18.6	11.8	6.8	2002	78.9	74.3	59.5	49.7	30.8	22.1	14.4	8.2
2003	73.8	69.3	54.6	45.2	27.0	18.8	12.0	6.9	2003	79.1	74.5	59.7	49.9	30.9	22.2	14.5	8.3
2004	74.2	69.7	55.0	45.6	27.3	19.1	12.2	7.0	2004	79.3	74.7	59.9	50.1	31.1	22.4	14.7	8.4
2005	74.6	70.1	55.4	45.9	27.7	19.4	12.5	7.2	2005	79.6	75.0	60.2	50.4	31.4	22.7	14.9	8.5
Northern Ireland																	
1981	69.2	65.4	50.9	41.5	23.2	15.6	9.7	5.8	1981	75.5	71.6	56.8	47.1	28.3	20.0	12.8	7.3
1986	70.9	66.8	52.2	42.7	24.2	16.4	10.4	6.2	1986	77.1	72.9	58.1	48.3	29.3	20.8	13.4	7.8
1991	72.6	68.2	53.6	44.1	25.5	17.3	11.0	6.4	1991	78.4	74.0	59.2	49.4	30.3	21.6	14.2	8.3
1996	73.8	69.4	54.7	45.3	26.6	18.2	11.4	6.6	1996	79.2	74.7	59.9	50.0	30.9	22.1	14.4	8.4
2000	74.8	70.4	55.7	46.2	27.6	19.1	11.9	6.6	2000	79.8	75.2	60.4	50.6	31.5	22.6	14.6	8.2
2001	75.2	70.7	56.1	46.6	27.9	19.4	12.3	6.9	2001	80.1	75.6	60.7	50.9	31.8	22.9	14.9	8.4
2002	75.6	71.1	56.4	46.9	28.2	19.7	12.4	7.0	2002	80.4	75.9	61.0	51.2	32.0	23.1	15.1	8.5
2003	75.8	71.4	56.7	47.1	28.4	19.9	12.6	7.2	2003	80.6	76.0	61.1	51.3	32.2	23.3	15.2	8.6
2004	76.0	71.6	56.9	47.4	28.7	20.2	12.8	7.3	2004	80.8	76.3	61.4	51.6	32.5	23.5	15.4	8.7
2005	76.1	71.6	57.0	47.5	28.9	20.4	13.0	7.3	2005	81.0	76.4	61.6	51.8	32.7	23.7	15.6	8.8

Note: Figures from 1981 are calculated from the population estimates revised in the light of the 2001 Census. All figures are based on a three-year period, so that for instance 2003 represents 2002–2004 .

1 All countries: figures for all years based on registered deaths

2 Figures for 2001 to 2005 for the United Kingdom, England and Wales, England and for Wales are based on revised population estimates for 2002-2005 and death registrations.

Table 6.1 Deaths: age and sex

England and Wales

Numbers (thousands) and rates

Year and quarter	All ages	Age group: Under 1[1]	1–4	5–9	10–14	15–19	20–24	25–34	35–44	45–54	55–64	65–74	75–84	85 and over
Numbers (thousands)														
Males														
1976	300.1	4.88	0.88	0.68	0.64	1.66	1.66	3.24	5.93	20.4	52.0	98.7	80.3	29.0
1981	289.0	4.12	0.65	0.45	0.57	1.73	1.58	3.18	5.54	16.9	46.9	92.2	86.8	28.5
1986	287.9	3.72	0.57	0.33	0.38	1.43	1.75	3.10	5.77	14.4	43.6	84.4	96.2	32.2
1991	277.6	2.97	0.55	0.34	0.35	1.21	1.76	3.69	6.16	13.3	34.9	77.2	95.8	39.3
1996	268.7	2.27	0.44	0.24	0.29	0.93	1.41	4.06	5.84	13.6	30.1	71.0	90.7	47.8
1999	264.3	2.08	0.41	0.22	0.28	0.90	1.27	3.85	5.93	13.6	28.7	64.3	90.4	52.3
2000	255.5	1.89	0.34	0.22	0.28	0.87	1.22	3.76	6.05	13.4	27.9	60.6	87.1	51.9
2001	252.4	1.81	0.32	0.19	0.28	0.88	1.27	3.63	6.07	13.3	27.5	57.5	87.0	52.7
2002	253.1	1.81	0.32	0.20	0.28	0.83	1.24	3.47	6.20	12.9	27.7	56.3	88.3	53.6
2003	253.9	1.81	0.31	0.19	0.24	0.81	1.23	3.26	6.32	12.7	28.2	55.1	89.6	54.0
2004	244.1	1.79	0.29	0.17	0.26	0.78	1.15	3.10	6.19	12.2	27.0	52.5	87.3	51.3
2005	243.3	1.87	0.28	0.16	0.25	0.75	1.11	2.89	6.14	12.1	27.3	51.0	84.8	54.7
2006	240.9	1.86	0.29	0.19	0.26	0.84	1.21	3.13	6.32	12.3	27.6	48.9	81.9	56.2
Females														
1976	298.5	3.46	0.59	0.45	0.42	0.62	0.67	1.94	4.04	12.8	29.6	67.1	104.7	72.1
1981	288.9	2.90	0.53	0.30	0.37	0.65	0.64	1.82	3.74	10.5	27.2	62.8	103.6	73.9
1986	293.3	2.59	0.49	0.25	0.27	0.56	0.67	1.65	3.83	8.8	25.8	58.4	106.5	83.6
1991	292.5	2.19	0.44	0.25	0.22	0.46	0.64	1.73	3.70	8.4	21.3	54.2	103.3	95.7
1996	291.5	1.69	0.32	0.18	0.20	0.43	0.51	1.85	3.66	8.9	18.2	50.2	96.7	108.7
1999	291.8	1.55	0.30	0.17	0.22	0.39	0.47	1.67	3.79	9.0	18.0	45.1	93.9	117.2
2000	280.1	1.49	0.25	0.16	0.18	0.38	0.47	1.69	3.87	9.1	17.6	42.2	89.3	113.4
2001	277.9	1.43	0.27	0.19	0.18	0.38	0.47	1.59	3.77	8.9	17.6	40.5	88.8	113.9
2002	280.4	1.31	0.24	0.16	0.19	0.38	0.43	1.61	3.77	8.7	17.7	39.6	90.0	116.3
2003	284.4	1.50	0.28	0.15	0.19	0.35	0.46	1.57	3.86	8.5	18.0	39.0	92.7	117.9
2004	268.4	1.43	0.23	0.13	0.16	0.38	0.46	1.49	3.80	8.1	17.6	36.9	88.3	109.4
2005	269.1	1.37	0.22	0.13	0.18	0.38	0.48	1.48	3.81	8.2	17.8	36.0	86.4	113.1
2006	261.7	1.51	0.27	0.14	0.17	0.38	0.44	1.38	3.80	8.1	17.9	34.5	81.2	111.9
Rates (deaths per 1,000 population in each age group)														
Males														
1976	12.5	16.2	0.65	0.34	0.31	0.88	0.96	0.92	2.09	6.97	19.6	50.3	116.4	243.2
1981	12.0	12.6	0.53	0.27	0.29	0.82	0.83	0.89	1.83	6.11	17.7	45.6	105.2	226.5
1986	11.8	11.0	0.44	0.21	0.23	0.72	0.83	0.88	1.68	5.27	16.6	42.8	101.2	215.4
1991	11.2	8.3	0.40	0.21	0.23	0.72	0.89	0.94	1.76	4.56	13.9	38.1	93.1	205.6
1996	10.7	6.8	0.32	0.14	0.18	0.60	0.85	1.01	1.67	4.06	11.9	34.5	85.0	198.8
1999	10.4	6.5	0.31	0.12	0.16	0.56	0.83	0.99	1.60	3.99	10.9	31.6	79.9	194.4
2000	10.0	6.1	0.26	0.13	0.16	0.54	0.79	0.98	1.59	3.92	10.4	29.7	75.9	187.5
2001	9.9	5.9	0.25	0.11	0.16	0.53	0.80	0.97	1.56	3.89	10.0	28.0	74.0	186.4
2002	9.8	5.9	0.25	0.12	0.16	0.49	0.77	0.94	1.57	3.86	9.7	27.2	73.5	187.7
2003	9.8	5.7	0.25	0.11	0.14	0.46	0.75	0.91	1.58	3.81	9.6	26.4	72.9	191.0
2004	9.4	5.5	0.23	0.10	0.15	0.44	0.67	0.87	1.53	3.67	9.0	25.0	69.9	176.0
2005	9.3	5.7	0.24	0.10	0.16	0.48	0.69	0.89	1.56	3.61	8.9	24.1	67.4	172.1
2006[2]	9.1	5.4	0.23	0.12	0.15	0.46	0.67	0.89	1.55	3.58	8.8	23.2	64.7	163.4
2005 March	10.5	6.2	0.26	0.09	0.17	0.46	0.71	0.88	1.56	3.83	9.7	26.6	77.3	201.2
June	9.1	5.5	0.25	0.10	0.18	0.42	0.59	0.83	1.57	3.53	8.8	23.4	65.8	162.9
Sept	8.3	5.3	0.20	0.09	0.12	0.40	0.63	0.85	1.44	3.46	8.3	22.2	59.6	146.0
Dec	9.3	5.6	0.21	0.11	0.11	0.39	0.62	0.73	1.46	3.54	8.8	24.0	66.9	176.9
2006[2] March	10.2	5.3	0.29	0.14	0.16	0.46	0.72	0.95	1.59	3.82	9.5	25.4	73.7	189.6
June	9.0	5.5	0.24	0.10	0.15	0.45	0.69	0.89	1.57	3.60	8.8	23.3	63.7	158.5
Sept	8.4	5.4	0.14	0.11	0.15	0.51	0.58	0.83	1.49	3.43	8.3	21.5	58.7	143.8
Dec	8.9	5.6	0.26	0.13	0.15	0.43	0.69	0.90	1.54	3.50	8.7	22.5	62.7	162.1
2007[3] March[p]	9.9	5.3	0.28	0.12	0.14	0.47	0.64	0.91	1.54	3.63	9.1	24.1	69.4	183.8
June[p]	8.8	5.7	0.26	0.12	0.14	0.44	0.65	0.90	1.50	3.39	8.6	22.1	60.9	153.7
Sept[p]	8.3	5.2	0.22	0.09	0.13	0.40	0.61	0.88	1.50	3.20	8.2	21.0	57.3	142.1
Females														
1976	11.8	12.2	0.46	0.24	0.21	0.35	0.40	0.56	1.46	4.30	10.1	26.0	74.6	196.6
1981	11.3	9.4	0.46	0.19	0.19	0.32	0.35	0.52	1.26	3.80	9.5	24.1	66.2	178.2
1986	11.4	8.0	0.40	0.17	0.17	0.29	0.33	0.47	1.12	3.24	9.2	23.4	62.5	169.4
1991	11.2	6.4	0.33	0.16	0.15	0.29	0.33	0.44	1.05	2.87	8.2	21.8	58.7	161.6
1996	11.0	5.3	0.25	0.10	0.12	0.29	0.31	0.46	1.04	2.63	7.1	20.6	55.8	158.9
1999	11.0	5.1	0.24	0.10	0.13	0.25	0.31	0.43	1.01	2.61	6.7	19.2	53.4	162.6
2000	10.5	5.1	0.20	0.10	0.11	0.25	0.30	0.44	1.00	2.62	6.4	18.1	50.8	155.2
2001	10.4	4.9	0.22	0.12	0.11	0.24	0.30	0.42	0.96	2.57	6.3	17.4	50.1	155.0
2002	10.4	4.5	0.20	0.10	0.11	0.24	0.27	0.44	0.94	2.54	6.0	17.0	50.4	159.4
2003	10.6	4.9	0.24	0.10	0.12	0.21	0.28	0.43	0.95	2.51	5.9	16.7	51.3	165.6
2004	9.9	4.6	0.20	0.09	0.10	0.22	0.27	0.42	0.93	2.39	5.7	15.8	48.6	154.3
2005	9.9	4.4	0.19	0.09	0.11	0.22	0.27	0.40	0.90	2.38	5.6	15.4	48.1	152.7
2006[2]	9.6	4.6	0.22	0.09	0.10	0.22	0.26	0.39	0.92	2.33	5.6	14.8	45.7	143.8
2005 March	11.6	4.8	0.22	0.09	0.13	0.20	0.32	0.46	0.95	2.57	6.0	17.3	57.0	184.7
June	9.5	4.7	0.20	0.10	0.10	0.25	0.27	0.37	0.97	2.31	5.5	15.0	46.6	144.2
Sept	8.7	3.9	0.14	0.06	0.09	0.20	0.24	0.36	0.86	2.32	5.4	13.8	42.0	129.7
Dec	9.8	4.2	0.19	0.08	0.11	0.22	0.24	0.41	0.84	2.31	5.6	15.3	46.8	152.7
2006[2] March	11.0	5.0	0.25	0.07	0.08	0.24	0.30	0.39	1.01	2.42	6.1	16.4	52.5	172.0
June	9.4	4.6	0.22	0.10	0.14	0.19	0.24	0.42	0.88	2.35	5.5	14.7	45.4	140.9
Sept	8.6	4.3	0.19	0.10	0.08	0.23	0.22	0.36	0.91	2.27	5.3	13.7	41.1	124.3
Dec	9.2	4.5	0.24	0.09	0.12	0.23	0.25	0.41	0.89	2.27	5.5	14.3	43.7	138.7
2007[3] March[p]	10.8	4.5	0.24	0.07	0.12	0.27	0.26	0.38	0.96	2.29	5.9	16.1	51.2	166.4
June[p]	9.2	4.6	0.22	0.10	0.13	0.18	0.22	0.44	0.87	2.32	5.5	14.1	42.9	136.6
Sept[p]	8.5	4.1	0.15	0.06	0.11	0.18	0.28	0.35	0.87	2.22	5.2	13.1	40.0	125.3

Note: Figures represent the numbers of deaths registered in each year up to 1992 and the numbers of deaths occurring in each year from 1993 to 2005. 2006 figures and provisional 2007 figures relate to registrations.
Death rates from 2002 to 2005 have been updated to include the latest revised mid-year population estimates that take into account improved estimates of international migration.

1 Rates per 1,000 live births.

2 Death rates for 2006 have been calculated using the mid 2006 population estimates published on 22 August 2007.

3 Death rates for 2007 are based on the 2006-based population projections for 2007.

p provisional.

Table 6.2 Deaths: subnational

Government Office Regions of England

Rates

Year and quarter	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East	London	South East	South West
Total deaths (deaths per 1,000 population of all ages)									
1996	11.7	11.7	11.2	10.7	10.7	10.3	9.4	10.7	11.7
1997	11.6	11.6	11.1	10.5	10.6	10.2	9.0	10.6	11.7
1998	11.9	11.7	11.2	10.8	10.6	10.2	8.8	10.4	11.4
1999	11.6	11.5	10.9	10.7	10.7	10.3	8.7	10.5	11.6
2000	10.8	10.7	10.3	10.0	10.3	9.9	8.2	9.8	11.3
2001	11.1	11.0	10.4	10.1	10.2	9.9	7.9	9.9	11.0
2002	11.2	11.0	10.5	10.2	10.3	10.0	7.8	10.0	11.1
2003	11.3	11.0	10.5	10.3	10.5	9.9	7.9	9.9	11.2
2004	11.0	10.5	10.1	9.7	9.9	9.5	7.3	9.4	10.4
2005	10.8	10.4	9.9	9.7	9.9	9.4	7.1	9.4	10.4
2006[1]	10.5	10.2	9.8	9.7	9.7	9.4	6.8	9.2	10.2
2006[1] March	11.5	11.4	10.8	10.9	11.1	10.8	7.8	10.9	11.7
June	10.6	10.2	9.7	9.6	9.6	9.3	6.7	9.0	10.0
Sept	9.4	9.3	8.9	8.8	8.8	8.3	6.2	8.2	9.2
Dec	10.6	9.9	9.7	9.6	9.4	9.1	6.5	8.9	10.0
2007[1] March[p]	11.9	11.7	11.0	10.7	11.0	10.3	7.4	10.1	11.6
June[p]	9.9	9.9	9.5	9.1	9.4	8.8	6.5	8.8	9.8
Sept[p]	9.4	9.2	8.8	8.5	8.5	8.3	6.1	8.2	9.2
Infant mortality (deaths under 1 year per 1,000 live births)									
1996	6.2	6.3	6.5	6.3	6.8	5.3	6.3	5.3	5.5
1997	5.8	6.7	6.5	5.7	7.0	4.8	5.8	5.0	5.8
1998	5.0	6.3	6.9	5.6	6.5	5.0	6.0	4.4	4.8
1999	5.6	6.5	6.3	6.0	6.9	4.6	6.0	4.8	4.7
2000	6.5	6.2	7.3	5.4	6.8	4.4	5.4	4.4	4.7
2001	5.4	5.8	5.5	4.9	6.4	4.5	6.1	4.2	5.4
2002	4.8	5.4	6.1	5.6	6.6	4.3	5.5	4.5	4.3
2003	4.9	5.9	5.7	5.9	7.4	4.5	5.4	4.2	4.1
2004	4.6	5.4	5.8	4.9	6.3	4.2	5.2	3.9	4.5
2005	4.7	5.6	6.0	4.8	6.6	4.0	5.2	3.9	4.5
2006	5.4	5.6	5.7	5.4	6.4	4.1	4.9	4.1	4.0
2006 March	5.4	6.0	5.4	5.9	6.6	3.8	5.5	4.3	4.2
June	6.4	5.5	6.1	5.0	7.0	4.3	4.6	4.2	3.7
Sept	5.4	5.2	4.8	5.3	6.7	3.6	4.8	4.2	3.6
Dec	4.5	5.7	6.6	5.5	5.3	4.6	4.7	3.9	4.7
2007 March[p]	5.2	5.1	4.5	5.3	6.4	4.3	4.5	3.9	4.5
June[p]	4.5	5.6	7.2	6.4	6.0	4.0	5.1	4.3	3.9
Sept[p]	4.0	4.3	5.2	5.1	5.5	4.7	4.7	3.9	4.1
Neonatal mortality (deaths under 4 weeks per 1,000 live births)									
1996	4.1	4.0	4.2	4.2	4.9	3.5	4.4	3.5	3.8
1997	3.7	4.3	4.4	3.7	5.0	3.3	3.7	3.4	3.9
1998	3.1	4.1	4.5	3.7	4.8	3.4	4.1	2.9	3.3
1999	4.1	4.4	4.1	4.3	4.8	3.0	4.1	3.2	3.2
2000	4.4	4.3	5.0	4.1	5.0	3.0	3.7	3.1	3.0
2001	3.5	3.8	3.2	3.4	4.4	2.9	4.1	2.9	3.7
2002	3.2	3.6	4.0	4.0	4.8	2.9	3.6	2.9	3.1
2003	3.2	4.1	4.0	4.2	5.1	3.0	3.7	2.8	2.9
2004	2.8	3.6	3.8	3.5	4.7	2.9	3.6	2.8	3.2
2005	2.9	3.8	4.0	3.5	4.9	2.6	3.4	2.7	3.2
2006	3.8	3.8	4.0	4.0	4.6	2.9	3.4	2.8	2.9
2006 March	4.1	3.8	4.0	4.2	4.6	2.7	3.4	2.9	3.2
June	4.0	3.8	4.2	3.9	5.1	3.2	3.3	2.7	2.4
Sept	3.4	3.5	3.3	3.9	5.4	2.5	3.5	2.9	2.6
Dec	3.7	4.1	4.7	4.0	3.2	3.1	3.6	2.5	3.6
2007 March[p]	4.0	3.7	3.2	3.4	4.8	2.9	3.1	2.6	3.1
June[p]	1.8	3.7	5.2	4.5	4.5	2.6	3.5	3.0	2.4
Sept[p]	2.6	2.7	3.5	3.5	4.1	3.1	3.1	2.5	3.1
Perinatal mortality (stillbirths and deaths under 1 week per 1,000 total births)									
1996	9.2	8.6	8.3	8.7	10.2	7.5	9.6	7.8	7.5
1997	8.0	8.9	8.3	7.7	9.6	7.3	9.0	7.3	8.7
1998	8.2	8.7	9.2	8.0	9.3	7.4	9.0	6.8	7.3
1999	8.2	8.7	8.3	7.8	9.9	7.0	9.0	6.9	7.8
2000	8.5	8.6	9.6	7.8	9.6	7.1	9.0	6.6	6.6
2001	7.8	8.7	7.5	7.9	9.1	7.1	8.9	6.9	7.2
2002	8.1	8.5	9.0	8.5	10.0	7.5	9.3	6.9	6.8
2003	7.8	9.0	9.1	9.5	10.2	7.3	9.6	7.0	7.0
2004	7.9	8.4	9.4	8.1	9.6	7.6	9.3	7.0	7.2
2005	7.8	8.2	9.4	7.6	9.9	6.4	8.5	6.8	6.8
2006	8.0	8.3	8.5	8.4	9.2	6.7	8.8	7.0	6.6
2006 March	8.2	9.0	7.6	8.7	9.6	7.4	9.1	7.6	6.5
June	8.7	8.3	9.2	9.1	10.1	7.0	8.7	6.8	6.8
Sept	7.5	8.0	8.4	8.4	9.6	6.6	8.7	6.6	6.2
Dec	7.8	7.8	8.7	7.6	7.4	6.0	8.9	7.0	7.0
2007 March[p]	7.3	8.1	7.5	6.4	8.8	7.4	7.9	6.4	6.6
June[p]	7.2	7.3	9.2	8.4	9.7	6.7	9.1	7.0	6.8
Sept[p]	7.3	7.0	8.8	7.1	7.6	6.9	8.6	6.0	6.4

Note: Figures represent the numbers of deaths occurring in each year with the exception of 2006 figures and provisional 2007 figures which relate to registrations.
Death rates from 2002 to 2005 have been updated to include the latest revised mid-year population estimates that take into account improved estimates of international migration.
1 Total deaths rates for 2006 and 2007 have been calculated using the mid-2006 population estimates published on 22 August 2007.
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Table 6.3 Deaths: selected causes (International Classification)[1] and sex

England and Wales

Year and quarter	All deaths		All causes (age - standardised rates per million population[2])	Number (thousands) and rate for all deaths and age-standardised rates per million population for selected causes									
				Malignant neoplasms									
	Number (thousands)	Crude rate per 100,000 population		Oesophagus	Stomach	Colon	Rectosigmoid junction, rectum, and anus	Trachea, bronchus and lung	Melanoma of skin	Other malignant neoplasms of skin	Breast	Cervix uteri	Ovary
			A00–R99 V01–Y89	(C15)	(C16)	(C18)	(C19–C21)	(C33–C34)	(C43)	(C44)	(C50)	(C53)	(C56)
Males													
1971	288.4	1,207	13,466	76	317	187	144	1,066	10	12	4	:	:
1981	289.0	1,196	12,189	90	251	181	135	1,028	17	9	3	:	:
1991	277.6	1,125	10,291	117	185	194	117	842	23	10	3	:	:
1998	264.7	1,064	8,981	129	132	169	95	643	26	8	3	:	:
1999	264.3	1,044	8,862	127	127	161	90	611	27	7	2	:	:
2000	255.5	1,005	8,437	128	118	158	89	592	28	7	2	:	:
2001	252.4	987	8,188	129	111	155	89	570	26	7	3	:	:
2002	253.1	985	8,081	131	110	151	90	559	27	8	3	:	:
2003	253.9	982	8,000	135	102	145	90	539	28	8	2	:	:
2004	244.1	939	7,554	129	95	143	92	521	30	9	2	:	:
2005	243.3	929	7,356	132	93	137	92	515	28	8	2	:	:
2006	240.9	913	7,123	131	83	132	90	509	31	7	2	:	:
2004 March	66.2	1,024	8,215	130	95	145	86	519	27	10	3	:	:
June	58.8	909	7,329	123	98	146	91	512	30	8	2	:	:
Sept	56.8	869	7,006	128	93	142	98	515	30	8	2	:	:
Dec	62.4	954	7,671	136	93	141	91	540	31	11	1	:	:
2005 March	67.8	1,050	8,273	134	92	139	91	529	29	7	3	:	:
June	59.1	905	7,077	135	95	131	94	490	27	7	2	:	:
Sept	55.1	834	6,641	130	95	134	89	500	27	8	3	:	:
Dec	61.3	928	7,353	130	88	145	94	540	29	9	2	:	:
2006 March	66.5	1,023	7,931	131	82	134	98	522	32	7	2	:	:
June	59.4	904	7,058	132	82	128	87	504	30	7	2	:	:
Sept	55.5	835	6,536	128	81	133	85	497	29	7	1	:	:
Dec	59.5	894	6,985	131	86	133	91	515	31	8	3	:	:
2007[3] March[p]	65.3	997	7,617	126	88	132	86	522	33	7	2	:	:
June[p]	58.1	877	6,748	130	84	122	86	492	31	8	3	:	:
Sept[p]	55.2	820	6,316	128	79	126	86	469	29	7	5	:	:
Females													
1971	278.9	1,104	8,189	40	149	176	79	183	14	6	379	83	126
1981	288.9	1,134	7,425	42	111	157	74	252	16	5	405	69	121
1991	292.5	1,122	6,410	50	74	146	61	300	18	4	401	54	118
1998	290.3	1,108	5,945	49	54	117	47	291	21	3	328	35	116
1999	291.8	1,097	5,929	52	51	115	46	289	20	3	319	33	111
2000	280.1	1,049	5,655	51	48	107	45	285	21	3	311	33	109
2001	277.9	1,038	5,543	48	46	103	45	283	20	3	308	31	112
2002	280.4	1,043	5,524	51	44	103	44	284	19	3	302	29	112
2003	284.4	1,055	5,575	50	42	98	46	285	20	3	293	27	108
2004	268.4	1,075	5,206	48	41	96	46	283	19	3	278	26	100
2005	269.4	990	5,188	48	39	96	46	290	21	3	284	26	102
2006	261.7	956	4,989	48	35	93	46	300	19	4	277	24	99
2004 March	74.4	1,105	5,795	51	38	97	46	292	21	3	287	28	105
June	63.4	942	5,022	46	41	94	47	265	18	4	284	25	97
Sept	61.8	908	4,863	50	43	95	45	281	19	3	276	27	102
Dec	68.9	1,013	5,359	46	44	100	49	299	20	2	293	28	101
2005 March	77.9	1,162	5,974	50	41	92	47	290	20	4	292	26	101
June	64.7	953	5,033	45	36	96	47	288	22	4	281	27	105
Sept	59.6	868	4,629	50	40	102	43	283	20	3	281	26	99
Dec	67.2	979	5,133	47	39	95	45	300	20	3	281	24	104
2006 March	74.5	1,104	5,658	48	40	90	45	309	16	4	296	26	105
June	64.4	945	4,940	46	34	89	46	294	18	4	266	22	101
Sept	59.1	856	4,540	47	33	99	44	289	19	3	272	23	96
Dec	63.7	923	4,832	51	34	95	49	307	21	4	273	23	93
2007[3] March[p]	73.9	1,090	5,524	49	36	92	49	314	22	4	283	25	95
June[p]	62.8	915	4,756	48	31	88	45	296	22	4	267	22	97
Sept[p]	58.7	846	4,405	40	37	91	47	285	21	3	251	22	97

Note: Figures represent the number of deaths registered in each year up to 1992 and the number of deaths occurring in each year from 1993 to 2005. 2006 figures and provisional 2007 figures relate to registrations.
The rates by cause of death in this table are based on final underlying cause. For further details see the Explanatory Notes in the 'Report: Death registrations in England and Wales, 2004: causes' in HSQ26.

Death rates from 2002 to 2005 have been updated to include the latest revised mid-year population estimates that take into account improved estimates of international migration.

1 The Ninth Revision of the International Classification of Diseases, 1975, came into operation in England and Wales on 1 January 1979. The Tenth Revision of the International Classification of Diseases, 1992, came into operation in England and Wales on 1 January 2001. The cause descriptions and codes relate to ICD-10. For changes to this table see 'In Brief', Health Statistics Quarterly 14.
2 Directly age-standardised to the European Standard Population. See Notes to Tables.
3 Death rates for 2007 are based on the 2006-based population projections for 2007.
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Table 6.3 continued **Deaths: selected causes (International Classification)[1] and sex**

England and Wales

Age-standardised rates[2] per million population for selected causes

Malignant neoplasms													
Prostate	Bladder	Leukaemia	Diabetes mellitus	Ischaemic heart disease	Cerebro vascular diseases	Pneumonia	Bronchitis, emphysema and other chronic obstructive pulmonary disease	Asthma	Gastric and duodenal ulcer	Diseases of the liver	Land transport accidents	Intentional self-harm and events of undetermined intent with inquest verdict 'Open'	Year and quarter
(C61)	(C67)	(C91–C95)	(E10–E14)	(I20–I25)	(I60–I69)	(J12–J18)	(J40–J44)	(J45–J46)	(K25–K27)	(K70–K76)	(V01–V89)	(X60–X84, Y10–Y34)	
													Males
198	124	74	82	3,801	1,541	920	944	21	107	41	209	124	1971
214	121	74	82	3,664	1,141	1,053	683	28	90	58	119	151	1981
304	121	77	131	2,984	940	391	606	31	73	76	125	160	1991
277	99	67	94	2,215	706	720	463	18	60	115	86	152	1998
272	93	67	94	2,095	673	770	474	18	64	119	86	151	1999
260	92	67	88	1,959	622	735	416	17	59	119	86	141	2000
274	93	70	94	1,872	690	388	403	16	55	139	86	134	2001
271	90	68	91	1,784	690	388	396	15	56	144	83	131	2002
273	87	71	91	1,703	662	408	411	14	53	157	84	129	2003
267	85	67	83	1,566	595	360	364	15	50	151	77	125	2004
256	80	67	79	1,470	555	353	368	12	46	156	75	118	2005
250	81	68	74	1,353	520	320	343	10	45	161	83	123	2006[3]
279	86	67	91	1,713	694	466	464	15	54	149	69	137	2004 March
259	82	63	80	1,542	572	333	339	13	49	145	89	133	June
260	88	70	74	1,422	521	279	294	17	45	145	78	127	Sept
268	81	66	85	1,589	596	362	361	14	52	166	71	103	Dec
265	85	67	93	1,678	647	500	491	14	55	167	74	132	2005 March
251	80	65	75	1,446	536	327	358	13	45	149	77	122	June
249	77	65	67	1,292	485	247	271	9	42	145	82	115	Sept
260	79	70	81	1,467	554	340	357	12	43	163	66	104	Dec
256	79	73	86	1,543	611	434	440	11	52	158	83	128	2006 March
249	81	63	75	1,351	506	318	351	10	48	164	90	117	June
241	83	67	66	1,210	454	242	271	11	41	158	77	112	Sept
252	80	69	71	1,312	509	287	312	8	41	164	82	134	Dec
253	83	66	77	1,441	542	396	434	11	44	178	83	115	2007[3] March[P]
246	80	68	65	1,249	466	287	312	11	37	153	76	121	June[P]
233	78	61	65	1,142	429	226	265	9	35	151	72	114	Sept[P]
													Females
:	32	47	89	1,668	1,352	624	193	25	44	31	82	84	1971
:	35	47	66	1,601	1,012	740	155	30	57	43	41	81	1981
:	34	44	95	1,407	812	325	211	30	46	49	45	51	1991
:	32	41	65	1,055	645	546	226	22	41	64	28	43	1998
:	30	45	65	986	629	591	241	22	39	67	28	45	1999
:	31	39	62	907	577	546	216	20	41	68	24	45	2000
:	29	41	62	878	620	307	220	19	39	77	23	40	2001
:	30	43	65	843	616	316	224	20	37	79	24	41	2002
:	30	39	66	811	606	337	244	20	36	81	24	41	2003
:	28	39	60	736	548	296	214	17	35	78	20	38	2004
:	28	39	57	686	519	298	224	17	32	81	22	38	2005
:	29	36	54	629	478	261	213	16	29	87	24	39	2006[3]
:	27	43	69	806	626	399	283	23	37	84	25	46	2004 March
:	30	39	54	720	530	254	184	16	33	80	21	42	June
:	28	39	55	674	496	227	167	14	32	80	19	42	Sept
:	28	39	63	750	550	307	221	18	37	86	20	36	Dec
:	30	43	65	806	605	453	320	24	36	88	26	40	2005 March
:	29	40	54	674	496	261	207	17	32	74	20	43	June
:	27	35	50	600	462	199	157	12	28	75	21	38	Sept
:	25	40	58	665	514	281	213	16	31	85	21	33	Dec
:	29	42	60	733	551	371	283	19	37	87	25	40	2006 March
:	27	34	56	637	477	259	214	16	27	85	27	37	June
:	29	35	51	562	427	186	163	13	27	86	21	41	Sept
:	29	35	51	585	459	231	193	16	25	89	23	38	Dec
:	29	40	58	689	518	354	299	18	28	96	22	33	2007[3] March[P]
:	29	36	49	570	440	228	204	14	27	85	26	32	June[P]
:	24	34	50	521	399	178	156	11	24	80	22	35	Sept[P]

See notes opposite.

Report:

Conceptions in England and Wales, 2006

This report contains provisional estimated numbers and rates of conceptions for women usually resident in England and Wales in 2006.

Key observations

- The number of conceptions fluctuated between 1995 and 2000 and has steadily increased since 2001. In 2006 there were an estimated 866,800 conceptions in England and Wales compared with 841,800 in 2005, an increase of 3 per cent (Table 1).
- Nearly four-fifths of these conceptions resulted in a maternity. This proportion has remained fairly stable over the past 12 years (Table 1).
- Ninety-three per cent of conceptions within marriage resulted in a maternity compared with 65 per cent of conceptions outside marriage. The relative proportions of conceptions inside and outside marriage have been changing for some time. In 2006, 56 per cent of conceptions were outside marriage compared with 47 per cent in 1995 (Table 1).

Table 1 **All age, under 20 and under 16 conceptions (numbers and percentages): outcome by occurrence within/outside marriage**

England and Wales — Residents

	Age of woman at conception[1]/year of conception											
	All ages				Under 20				Under 16			
	1995	2000	2005	2006[2]	1995	2000	2005	2006[2]	1995	2000	2005	2006[2]
All conceptions												
Base number (thousands)	**790.3**	**767.0**	**841.8**	**866.8**	**86.6**	**97.7**	**102.3**	**102.7**	**8.1**	**8.1**	**7.9**	**7.8**
Percentage leading to:												
maternity	80	77	78	78	65	61	60	58	52	46	43	40
legal abortion	20	23	22	22	35	39	40	42	48	54	57	60
Conceptions inside marriage												
Base number (thousands)	**417.7**	**366.2**	**377.4**	**382.0**	**6.6**	**6.5**	**5.1**	**4.6**	:	:	:	:
Percentage leading to:												
maternity	92	92	93	93	95	93	93	92	:	:	:	:
legal abortion	8	8	7	7	5	7	7	8	:	:	:	:
Conceptions outside marriage												
Base number (thousands)	**372.5**	**400.8**	**464.4**	**484.7**	**80.0**	**91.2**	**97.2**	**98.2**	**8.0**	**8.1**	**7.9**	**7.8**
Percentage leading to:												
maternity outside marriage registered by mother alone	13	11	10	9	19	16	14	12	23	20	17	16
maternity outside marriage registered by both parents	47	48	52	52	41	40	43	43	28	26	26	24
maternity inside marriage	7	5	4	4	3	2	1	1	1	0	0	0
legal abortion	33	36	35	35	37	42	42	44	48	54	57	60

1 Conceptions leading to maternities or legal abortions – those which result in spontaneous miscarriage are not included.
2 Figures for 2006 are provisional.

- Conception rates for women aged 30 and over have increased significantly since 1990, particularly among the older age groups (35–39, 40 and over). Between 2005 and 2006, the largest increase in rate occurred in the 40 and over age group, rising from 11.5 to 12.2 conceptions per thousand women aged 40-44, an increase of 6 per cent (Table 2).

- Conception rates for women aged under 20 fell in the early 1990s but rose between 1995 and 1998 before falling again from 1999. Between 2005 and 2006 the under 20 conception rate fell slightly from 60.1 to 60.0 conceptions per thousand women aged 15–19 (Figure 1 and Table 2).

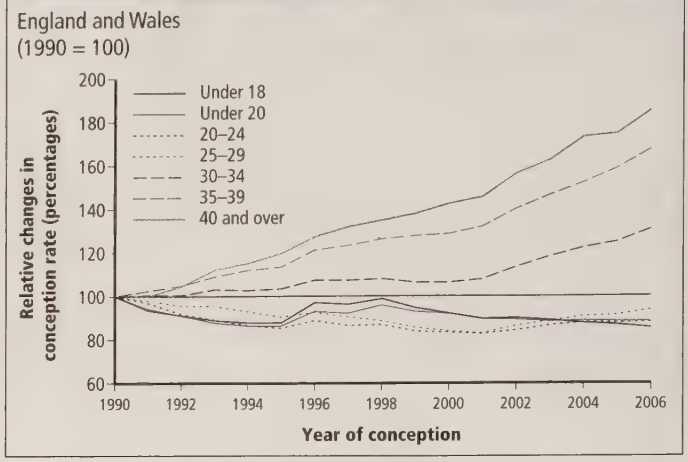
- The estimated number of conceptions to girls aged under 16 fell by 2 per cent from 7,930 in 2005 to 7,791 in 2006. Nearly three-quarters of those conceptions were to 15-year-old girls (Table 2).

- The underage conception rate in 2006 was 7.7 conceptions per thousand girls aged 13–15 compared with 7.8 in 2005, a decrease of 1 per cent. Overall the rate in this age group has been steadily declining since 1998 when it was 9.0 per thousand girls aged 13–15 (Table 2).

- In 2006, the estimated number of conceptions to women aged under 18 was 41,593 compared with 42,325 in 2005. Of these, 48.5 per cent led to a legal abortion, a proportion slightly higher than the 46.3 per cent in 2005 (Table 2).

- In 2006, the under 18 conception rate for England and Wales was 40.7 conceptions per thousand women aged 15–17 compared with 41.4 per thousand in 2005, a fall of nearly 2 per cent. This is the lowest rate since 1995 when it was 41.9 per thousand women aged 15–17 (Table 2).

Figure 1 Relative changes in age-specific conception rates, 1990–2006



- Looking at conceptions by area of residence, the under 18 conception rate for women usually resident in England has also fallen by over 2 per cent from 41.3 conceptions per thousand women aged 15–17 in 2005 to 40.4 in 2006. Comparison of rates by strategic health authorities in England shows the North East had the highest under 18 conception rate in 2006 at 48.3 per thousand women aged 15–17 (Table 3).

Table 2 Conceptions (numbers, rates and percentages leading to legal abortion) by age of woman at conception

England and Wales — Residents

	All conceptions (base numbers)		Percentage leading to legal abortion		Conception rates per 1,000 women[1]	
	2005	2006[3]	2005	2006[3]	2005[2]	2006[3]
Under 14	327	290	59.6	62.8	1.0	0.9
14	1,830	1,759	63.7	65.4	5.4	5.2
15	5,773	5,742	54.8	57.9	17.1	16.8
Under 16	7,930	7,791	57.1	59.8	7.8	7.7
16	13,335	13,052	46.4	48.8	39.4	38.4
17	21,060	20,750	42.3	44.1	61.1	61.0
Under 18	42,325	41,593	46.3	48.5	41.4	40.7
18	28,044	28,399	37.4	39.2	82.5	81.8
19	31,943	32,754	34.7	35.9	93.5	95.3
	(thousands)	(thousands)				
Under 20	102.3	102.7	40.3	41.9	60.1	60.0
20–24	185.5	190.5	28.6	28.7	108.7	109.1
25–29	211.3	221.4	18.0	18.1	125.8	129.0
30–34	209.2	211.7	13.2	13.1	112.0	117.1
35–39	110.0	115.0	17.7	17.2	53.2	56.1
40 and over	23.6	25.4	32.8	31.9	11.5	12.2
All ages	841.8	866.8	22.2	22.3	76.0	78.0

1 Rates for women of all ages, under 14, under 16, under 18, under 20 and 40 and over are based on the population of women aged 15–44, 13, 13–15, 15–17, 15–19, and 40–44 respectively.
2 Rates for 2005 have been based on the latest revised mid-year population estimates that take into account improved estimates of international migration.
3 Figures for 2006 are provisional. Rates for 2006 are based on mid-year population estimates for 2006.

Explanatory notes

Conceptions data combine information from registration of births and notifications of legal abortions occurring in England and Wales for women who are usually resident there.

Under arrangements made following implementation of the *Abortion Act 1967*, the Office for National Statistics and its predecessors processed and analysed the abortion notification forms (HSA4) sent to the Chief Medical Officers of England and Wales. From 1 April 2002, the Department of Health took over this work and the system has been redesigned to process the new abortion notification forms that were introduced from the 18 April 2002.

Conception statistics include pregnancies that result in:

- one or more live or still births (a maternity), or
- a legal abortion under the *Abortion Act 1967* (an abortion).

They do not include miscarriages or illegal abortions.

Date of conception

The date of conception is estimated using recorded gestation for abortions and stillbirths, and assuming 38 weeks gestation for live births.

Age at conception

A woman's age at conception is calculated as the number of complete years between her date of birth and the date she conceived. In many cases her birthday will occur between conception and the birth or abortion; a woman may conceive, for example, at age 19 and give birth at age 20. The conception and birth may also occur in different calendar years. For these reasons the number of conceptions to teenage women in a given year, for example, does not match the number of maternities and abortions to teenagers occurring in that year.

The provisional conceptions dataset for 2006 excludes 0.2 per cent of maternity and abortion records where the mother's date of birth was missing from the birth registration and could not be supplied from another source. In the dataset, 2.1 per cent of all maternities records were missing the mother's date of birth from the birth registration. Where the birth occurred in 2006, missing values have been imputed using CANCEIS (0.4 per cent of all conceptions). Where the birth occurred in 2007 and the birth was successfully linked to the birth notification, the mother's date of birth was taken from this source (1.1 per cent of all conceptions).

Area of usual residence

Numbers and rates of conceptions are given by mother's usual area of residence based on boundaries as at 1 July 2006. The postcode of the woman's address at the time of the maternity or abortion was used to determine the health authority she was living in at the time of the conception. Direct comparisons with conceptions data by area published in previous years are not always possible because of boundary changes. The data for earlier years, which have been included, relate to the current boundaries.

Table 3 **Conceptions (numbers and rates[1]): by area of usual residence and age of woman, 2006[2]**

England and Wales — Residents

Area	Age of woman at conception															
	All ages		Under 18		Under 20		20–24		25–29		30–34		35–39		40 and over	
	Number (thousands)	Rates	Number (thousands)	Rates	Number (thousands)	Rates	Number (thousands)	Rates	Number (thousands)	Rates	Number (thousands)	Rates	Number (thousands)	Rates	Number (thousands)	Rates
England and Wales	**866.8**	**78.0**	**41.6**	**40.7**	**102.7**	**60.0**	**190.5**	**109.1**	**221.4**	**129.0**	**211.7**	**117.1**	**115.0**	**56.1**	**25.4**	**12.2**
England	824.6	78.3	39.0	40.4	96.4	59.7	180.1	109.2	210.7	128.9	202.6	117.7	110.3	56.6	24.4	12.4
Wales	42.2	72.9	2.6	44.8	6.3	64.4	10.4	107.5	10.6	130.7	9.1	104.8	4.8	45.4	1.0	8.9
Strategic Health Authorities in England																
North East	35.7	69.2	2.4	48.3	5.6	66.5	9.1	102.8	9.1	122.5	7.5	97.2	3.8	40.4	0.7	7.3
North West	106.7	76.1	6.1	44.0	14.9	64.3	26.0	111.9	26.8	133.0	24.0	111.7	12.4	48.5	2.5	9.5
Yorkshire and The Humber	78.6	74.1	4.7	46.6	11.4	65.9	19.3	104.9	20.0	128.6	17.3	107.0	8.8	46.1	1.7	8.9
East Midlands	63.5	71.9	3.4	39.6	8.1	56.5	14.7	103.0	16.3	131.2	15.0	109.2	7.8	46.9	1.6	9.4
West Midlands	88.8	82.0	5.0	46.4	12.1	68.0	21.7	125.1	23.0	143.5	19.4	115.6	10.3	51.4	2.2	11.0
East of England	84.3	75.5	3.5	33.2	8.7	50.5	17.0	106.0	21.9	131.9	22.3	121.0	11.8	55.2	2.6	11.8
London	173.1	94.2	5.7	45.4	15.0	70.2	34.9	126.9	45.6	121.9	45.1	126.9	26.0	80.8	6.5	22.0
South East Coast	63.0	75.7	2.7	33.7	6.7	50.9	11.4	98.8	15.2	127.6	17.3	129.5	10.1	62.0	2.3	13.7
South Central	62.2	74.7	2.4	32.2	6.1	48.6	12.0	92.6	15.8	125.9	16.8	123.1	9.4	60.4	2.0	12.9
South West	68.7	70.5	3.2	32.9	7.8	48.7	13.9	94.9	17.2	126.9	17.8	117.4	9.8	53.0	2.2	11.1

1 Rates per 1,000 women. Rates for women of all ages, under 18, under 20 and 40 and over are expressed per 1,000 women aged 15–44, 15–17, 15–19 and 40–44 respectively.
2 Figures for 2006 are provisional. Rates for 2006 are based on mid-year population estimates for 2006.

Report:

Deaths involving MRSA and *Clostridium difficile* by communal establishment: England and Wales, 2001–06

Introduction

This is the first report produced by the Office for National Statistics (ONS) on deaths involving meticillin-resistant *staphylococcus aureus* (MRSA) and *Clostridium difficile* (*C. difficile*) by individual communal establishment where the death took place. National trend data on deaths involving MRSA and *C. difficile* between 2001 and 2006 were published in *Health Statistics Quarterly* 37.[1,2] In future it is intended to incorporate the information in this report into the regular annual reports on deaths involving MRSA and *C. difficile*. Unabridged tabulations of data on MRSA and *C. difficile* deaths by individual communal establishment of death will be published on the National Statistics website at the same time as this report.[3,4] Box One explains the terms used in this report.

Box one
Glossary of Terms

Staphylococcus aureus (*S. aureus*): This is a common germ that lives completely harmlessly on the skin and in the nose of about one third of people. It is more common on skin that is broken, for example, by a cut or sore. People who have *S. aureus* on, or in, their bodies but who are unharmed by it are described as **colonised**. *S. aureus* can cause problems when it gets the opportunity to enter the body. This is more likely to happen in people who are already unwell.

Meticillin-resistant *Staphylococcus aureus* (MRSA): This is a variety of *S. aureus* that is resistant to meticillin, and some of the other antibiotics that are usually used to treat *S. aureus*. This sometimes makes it more difficult to treat MRSA infections.

Clostridium difficile (*C. difficile*): This is a spore forming bacterium which is present as one of the 'normal' bacteria in the gut of up to 3 per cent of healthy adults. It is much more common in babies – up to two-thirds of infants may have *C. difficile* in the gut, where it rarely causes problems. People over the age of 65 years are more susceptible to contracting infection.

Communal establishments: These are locations where people live for a period of time in shared accommodation (for example, hospitals, nursing homes, hospices, prisons, boarding schools). Each has a unique code, used when registering any death that occurred there.

Source: Health Protection Agency, Office for National Statistics

Background

There has been a sustained increase in the number of death certificates mentioning MRSA and *C. difficile* in recent years (although deaths involving MRSA levelled off in 2006). This has been accompanied by an increased level of interest in these conditions, and rising public demand for information on the number of deaths involving MRSA and *C. difficile* by individual place. Previous ONS reports have published data on deaths involving MRSA and *C. difficile* by establishment type of place of death, but not by individual communal establishment.

Data were not previously published for individual establishments for a variety of reasons related to specific limitations of death certification data and confidentiality concerns. Recent guidance on the dissemination of health statistics[5] has only recently been fully implemented for most outputs. Prior to this, there were concerns that the data would have to be disclosure controlled, which would have significantly reduced their value.

The figures in this report should be interpreted with caution for a number of reasons:

(1) Death certificates only tell us where a person died, not where any infection was acquired, or where any treatment that led to the disease was given. For this reason, we cannot be sure that an individual who dies in a particular establishment acquired an infection at the same site, or in any other hospital or place. Conversely, we cannot identify patients who acquired their infection in a given establishment, but died elsewhere after discharge or transfer. Variations in local patterns of care, including average length of stay and the use of community or intermediate care hospitals or nursing homes for convalescence after treatment in acute hospitals, may distort comparisons between communal establishments.

(2) Death certification practices may differ between doctors and establishments. This means that some establishments may be more likely to record MRSA and *C. difficile* than others, and that data from different communal establishments may not be entirely comparable.

(3) Some establishments may undertake more comprehensive screening or testing for MRSA and *C. difficile*, and may do this more often than

others, and this may make it more likely that the infections are reported on death certificates for patients who died at those sites.

(4) Different communal establishments provide care for different types of people. We would expect to see higher numbers of MRSA and *C. difficile* deaths in places treating more seriously ill or very old patients.

(5) The registrar of deaths is required to record the address where the death occurred. This information is taken from the family member or other informant who registers the death. The name, street address and postcode of the building or other place are recorded in the register. These addresses are mapped to a list of communal establishments built up from the local knowledge of registrars which indicates the type of establishment (Box One). The communal establishments from this list cannot easily be matched to lists of NHS Trusts or hospitals produced by the Department of Health and others. It is by its nature a historical and changing list, which relies on local updating.

(6) ONS does not have any direct measure of the numbers of patients at risk, for example, data on the numbers of patients treated, or the total number of in-patient days, in each communal establishment. We have reported the numbers of death certificates mentioning MRSA or *C. difficile* as a proportion of the total number of registered deaths that occurred in each establishment because this is the only available denominator. Higher numbers of deaths would be expected in larger establishments. For a given size of establishment, larger numbers of total deaths may be because the establishment treats more seriously ill and/or elderly patients, the result of standards of care, or a combination of factors. This makes it difficult to interpret variations in the proportion of deaths with MRSA or *C. difficile* mentioned. To aid interpretation, we present all deaths, deaths involving MRSA and *C. difficile*, and the proportion of all deaths involving MRSA and *C. difficile*.

Method

The methods for identifying death certificates where MRSA or *C. difficile* were mentioned are explained in detail in the ONS annual reports on deaths involving MRSA and *C. difficile*.[1,2] The only change to this method is that this report uses information on the original cause of death only. The original cause of death is that which is recorded in the public register and thus is considered to be discoverable information. The ONS guidance on disclosure control for vital statistics allows for information which is in the public domain, or is discoverable information, to be published in tabular form.[6] The national figures in the annual reports use the final cause of death. Final cause of death means that the information in the public record may have been amended by the doctor later sending information to ONS in confidence. This could be the results of a laboratory test, which may, for example, identify *C. difficile* as the organism involved. This information cannot be published for small areas or communal establishments as it may identify individuals and the information was provided to ONS in confidence. This means that some of the records included in the national figures may not be included in this report, and totals do not sum to those previously published.[1,2] The correct national figures remain those that have been published before. It should be noted that differences are extremely slight, and this makes no significant difference to the figures published.

Linking deaths to the individual place where they occurred was done using communal establishment codes, which were then linked to the ONS Geography Communal Establishment file from August 2007. In this report, data on the number of deaths involving MRSA and *C. difficile* are grouped into two five-year periods, 2001–05 and 2002–06 (Tables 1 and 2). Both tables also present the total number of deaths in each communal establishment and the percentage of all deaths in each of these establishments involving MRSA and *C. difficile* for the same five-year periods. These time periods were used to match those presented in the annual reports. The next annual report will contain data for 2003–07.

Data are presented in this report for each individual communal establishment that had 2,500 or more deaths from all causes in each of the time periods 2001–05 and 2002–06. Of these 218 establishments, 217 were hospitals and one was a hospice. Totals for communal establishments included in the report, other establishments, own home and elsewhere are also included. Data in the accompanying unabridged tables (published online)[3,4] are presented for each communal establishment that had at least one death involving either MRSA or *C. difficile* in any of the individual years 2001 to 2006. These web tables present deaths involving MRSA or *C. difficile*, and the number of deaths from all causes, for individual establishments by single year.

Results

The 218 communal establishments which had 2,500 or more deaths from all causes in both of the periods 2001–05 and 2002–06 are listed in both Tables 1 and 2. In these establishments, there were a total of 4,290 deaths involving MRSA, and 8,549 involving *C. difficile* in 2001–05. In 2002–06, the figures were 5,108 and 13,185 respectively. Overall, the tables published in this report include 81 and 82 per cent of all deaths involving MRSA in the periods 2001–05 and 2002–06 respectively. For *C. difficile*, these figures are 82 and 84 per cent of all deaths involving *C. difficile*. For the selected establishments included in the report, deaths involving MRSA increased from 0.33 per cent of all deaths in 2001-05 to 0.39 per cent in 2002–06 and deaths involving *C. difficile* increased from 0.66 per cent of all deaths in 2001–05 to 1.01 per cent in 2002–06.

No relationship was found among establishments in the report, between the total number of deaths in the establishment and the proportion of deaths that involved MRSA. This was true for both 2001–05 (Pearson's correlation coefficient = 0.0037, p=0.9568) and 2002–06 (0.0015, p=0.9823). The correlation between total deaths in an establishment and the proportion which involved *C. difficile* also did not indicate any relationship between the two (Pearson's correlation coefficient for 2001–05 = 0.0868, p=0.2018, and for 2002–06 = 0.0773, p=0.2555). Thus establishments dealing with particularly large numbers of deaths did not necessarily have high proportions involving either MRSA or *C. difficile*. Further analysis found a weak, but statistically significant, correlation between the number of deaths involving MRSA and the number involving *C. difficile* in each five-year period. The strength of the relationship was similar in both the 2001–05 (Pearson's correlation coefficient = 0.46, $p < 0.00001$) and 2002–06 periods (0.38, $p < 0.00001$).

This suggests that death certification practices are unlikely to fully explain why some communal establishments have higher proportions of deaths mentioning MRSA and *C. difficile* than others, since if death certification was the main reason for the observed variation between places, a much stronger correlation would be expected. That is, if higher proportions of deaths mentioning MRSA or *C. difficile* in a particular establishment were the result of better reporting practices in the establishment, then one would expect this to be the case for both infections, not just one.

Main findings

- There was no relationship between the total number of deaths in a communal establishment and the proportion that involved MRSA or *C. difficile*

- Communal establishments with higher numbers of deaths involving MRSA also tended to have higher numbers of deaths involving *C. difficile*, but this relationship was weak

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Table 1 Deaths involving *C. difficile* by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	*C. difficile* deaths, 2001–05	*C. difficile* deaths, 2002–06	Percentage of deaths involving *C. difficile*, 2001–05	Percentage of deaths involving *C. difficile*, 2002–06
Addenbrookes Hospital, Cambridge	CB2 0QQ	8,209	8,104	105	103	1.28	1.27
Airedale General Hospital, Keighley	BD206TD	4,105	4,105	32	41	0.78	1.00
Alexandra Hospital, Redditch	B98 7UB	4,141	4,178	38	54	0.92	1.29
Arrowe Park Hospital, Birkenhead	CH495PE	9,548	9,653	59	75	0.62	0.78
Ashford Hospital, Staines	TW153AA	3,297	2,703	16	16	0.49	0.59
Barnet General Hospital	EN5 3DJ	6,859	6,788	44	86	0.64	1.27
Barnsley District General Hospital	S75 2EP	5,602	5,780	7	13	0.12	0.22
Basildon Hospital	SS165NL	8,413	9,052	44	90	0.52	0.99
Bassetlaw District General Hospital, Worksop	S81 0BD	3,286	3,342	4	3	0.12	0.09
Bedford Hospital (South Wing)	MK429DJ	5,264	5,350	32	81	0.61	1.51
Birmingham Heartlands Hospital	B9 5SS	9,803	9,947	118	174	1.20	1.75
Blackburn Royal Infirmary	BB2 3LR	3,394	3,204	4	3	0.12	0.09
Bristol Royal Infirmary	BS2 8HW	6,260	6,246	83	136	1.33	2.18
Broomfield Hospital	CM1 7ET	6,935	6,956	36	56	0.52	0.81
Burnley General Hospital	BB102PQ	5,852	6,034	20	23	0.34	0.38
Castle Hill Hospital, Haltemprice	HU165JQ	4,153	4,165	34	36	0.82	0.86
Central Middlesex Hospital, Park Royal	NW107NS	2,979	2,779	13	14	0.44	0.50
Charing Cross Hospital, Fulham	W6 8RF	4,850	4,590	38	46	0.78	1.00
Chase Farm Hospital, Enfield	EN2 8JL	6,277	6,122	21	46	0.33	0.75
Chelsea & Westminster Hospital	SW109NH	3,268	3,171	37	20	1.13	0.63
Chorley and South Ribble District Hospital	PR7 1PP	3,580	3,566	6	8	0.17	0.22
City General Hospital, Stoke on Trent	ST4 6QG	11,121	11,079	70	111	0.63	1.00
City Hospital, Nottingham	NG5 1PB	9,364	9,351	44	78	0.47	0.83
City Hospital, Winson Green	B18 7QH	6,438	6,292	26	69	0.40	1.10
Colchester General Hospital	CO4 5JL	8,654	8,900	29	63	0.34	0.71
Conquest Hospital, St Leonards-on-Sea	TN377RD	5,915	6,000	60	81	1.01	1.35
Countess of Chester Hospital, Chester	CH2 1UL	5,750	6,001	44	58	0.77	0.97
County Hospital, Hereford	HR1 2ER	3,440	3,683	31	76	0.90	2.06
County Hospital, Lincoln	LN2 5QY	6,900	7,028	17	36	0.25	0.51
Cumberland Infirmary, Carlisle	CA2 7HY	4,490	4,447	23	23	0.51	0.52
Darent Valley Hospital, Dartford	DA2 8AA	5,873	5,892	15	26	0.26	0.44
Derby City General Hospital	DE223NE	3,550	3,541	14	57	0.39	1.61
Derbyshire Royal Infirmary, Derby	DE1 2QY	8,411	8,528	14	94	0.17	1.10
Derriford Hospital, Plymouth	PL6 8DH	9,552	9,717	27	31	0.28	0.32
Dewsbury & District Hospital	WF134HS	4,626	4,514	12	20	0.26	0.44
Diana Princess Of Wales Hospital, Grimsby	DN332BA	4,878	5,021	6	12	0.12	0.24
District General Hospital, Southport	PR8 6PN	4,262	4,550	7	9	0.16	0.20
District Hospital, Peterborough	PE3 6DA	5,357	5,454	25	57	0.47	1.05
Dorset County Hospital, Dorchester	DT1 1TP	4,453	4,548	31	32	0.70	0.70
Ealing Hospital, Southall	UB1 3HW	4,432	4,397	46	48	1.04	1.09
East Surrey Hospital, Redhill	RH1 5RH	5,734	6,211	23	33	0.40	0.53
Eastbourne District General Hospital	BN212UD	6,730	6,691	19	32	0.28	0.48
Epsom General Hospital	KT187EG	4,503	4,501	6	29	0.13	0.64
Fairfield General Hospital, Bury	BL9 7TD	4,621	5,140	21	26	0.45	0.51
Freeman Hospital, Newcastle upon Tyne	NE7 7DN	4,879	4,762	40	48	0.82	1.01
Frenchay Hospital, Bristol	BS161LE	6,481	6,799	59	88	0.91	1.29
Frimley Park Hospital	GU167UJ	6,661	6,653	80	164	1.20	2.47
Furness General Hospital, Barrow-in-Furness	LA144LF	3,334	3,374	15	23	0.45	0.68
General Hospital, Bishop Auckland	DL146AD	2,974	2,990	14	19	0.47	0.64
General Hospital, Kettering	NN168UZ	6,743	6,972	61	200	0.90	2.87
General Hospital, Leicester	LE5 4PW	5,845	5,714	99	169	1.69	2.96
General Hospital, Milton Keynes	MK6 5LD	4,601	4,667	59	99	1.28	2.12
General Hospital, Northampton	NN1 5BD	6,623	6,786	66	132	1.00	1.95
General Hospital, Southampton	SO166YD	10,605	10,810	90	149	0.85	1.38
General Hospital, Weston Super Mare	BS234TQ	4,290	4,366	44	88	1.03	2.02
General Infirmary, Leeds	LS1 3EX	9,172	8,943	95	111	1.04	1.24

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Table 1 continued Deaths involving *C. Difficile* by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	*C. difficile* deaths, 2001–05	*C. difficile* deaths, 2002–06	Percentage of deaths involving *C. difficile*, 2001–05	Percentage of deaths involving *C. difficile*, 2002–06
George Eliot Hospital, Nuneaton	CV107DJ	6,209	6,486	131	235	2.11	3.62
Glenfield Hospital Trust, Leicester	LE3 9QP	4,352	4,263	36	51	0.83	1.20
Gloucestershire Royal Hospital, Gloucester	GL1 3NN	6,693	6,803	53	101	0.79	1.48
Good Hope Hospital, Sutton Coldfield	B75 7RR	7,730	7,907	29	95	0.38	1.20
Hammersmith Hospital	W12 0HS	2,682	2,732	18	19	0.67	0.70
Harrogate District Hospital	HG2 7SX	4,032	3,951	12	16	0.30	0.40
Hemel Hempstead General Hospital	HP2 4AD	4,873	4,931	45	89	0.92	1.80
Hillingdon Hospital	UB8 3NN	5,506	5,388	61	75	1.11	1.39
Hinchingbrooke Hospital, Huntingdon	PE296NT	3,602	3,526	41	52	1.14	1.47
Homerton University Hospital, Hackney	E9 6SR	3,283	3,292	20	53	0.61	1.61
Hope Hospital, Salford	M6 8HD	7,564	7,552	48	61	0.63	0.81
Horton General Hospital, Banbury	OX169AL	2,572	2,726	7	24	0.27	0.88
Hull Royal Infirmary	HU3 2JZ	9,355	9,528	29	36	0.31	0.38
Ipswich Hospital NHS Trust	IP4 5PD	8,523	8,567	92	127	1.08	1.48
James Cook University Hospital, Middlesbrough	TS4 3BW	8,022	8,464	22	25	0.27	0.30
James Paget Hospital, Gorleston	NR316LA	6,182	6,265	36	50	0.58	0.80
John Radcliffe Hospital, Oxford	OX3 9DU	7,351	7,608	57	111	0.78	1.46
Kent & Canterbury Hospital	CT1 3NG	5,679	5,645	16	33	0.28	0.58
Kent & Sussex Hospital, Tunbridge Wells	TN4 8AT	3,673	3,762	28	39	0.76	1.04
King George Hospital, Ilford	IG3 8YB	6,088	6,057	52	96	0.85	1.58
King's College Hospital, Denmark Hill	SE5 9RS	6,884	6,946	28	48	0.41	0.69
Kings Mill Hospital, Sutton-in-Ashfield	NG174JL	6,911	6,963	15	32	0.22	0.46
Kingston Hospital	KT2 7QB	7,407	7,345	52	62	0.70	0.84
Leighton Hospital, Crewe	CW1 4QJ	6,307	6,364	44	57	0.70	0.90
Lister Hospital, Stevenage	SG1 4AB	5,879	5,949	62	85	1.05	1.43
Llandough Hospital, Penarth	CF642XX	3,853	3,791	28	29	0.73	0.76
Luton and Dunstable Hospital	LU4 0DZ	7,257	7,225	61	97	0.84	1.34
Macclesfield District General Hospital	SK103BL	4,113	4,112	18	46	0.44	1.12
Maelor Hospital, Wrexham	LL137TD	5,820	5,855	25	29	0.43	0.50
Maidstone Hospital	ME169QQ	5,006	5,058	40	113	0.80	2.23
Manor Hospital, Walsall	WS2 9PS	7,061	7,206	27	75	0.38	1.04
Mayday Hospital, Croydon	CR7 7YE	7,205	7,249	27	54	0.37	0.74
Medway Maritime Hospital, Gillingham	ME7 5NY	7,962	8,042	25	49	0.31	0.61
Memorial Hospital, Darlington	DL3 6HX	3,958	4,024	11	14	0.28	0.35
Morriston Hospital, Swansea	SA6 6NL	6,191	6,048	44	49	0.71	0.81
Musgrove Park Hospital, Taunton	TA1 5DA	6,276	6,313	108	148	1.72	2.34
Nevill Hall Hospital, Abergavenny	NP7 7EG	4,170	4,159	14	18	0.34	0.43
New Cross Hospital, Wolverhampton	WV100QP	9,875	10,221	66	132	0.67	1.29
Newcastle General Hospital, Newcastle upon Tyne	NE4 6BE	3,348	3,274	11	13	0.33	0.40
Newham University Hospital	E13 8SL	3,911	3,814	27	48	0.69	1.26
Norfolk and Norwich University Hospital	NR4 7UZ	11,624	11,969	101	117	0.87	0.98
North Cheshire Hospitals NHS Trust, Warrington	WA5 1QG	5,803	6,037	26	47	0.45	0.78
North Devon District Hospital, Barnstaple	EX314JB	3,509	3,438	21	53	0.60	1.54
North Manchester General Hospital	M8 5RB	6,977	6,979	18	23	0.26	0.33
North Middlesex Hospital, Edmonton	N18 1QX	5,428	5,394	27	57	0.50	1.06
North Stafford Royal Infirmary	ST4 7LN	3,875	3,925	9	17	0.23	0.43
North Tyneside General Hospital, North Shields	NE298NH	5,625	5,706	86	112	1.53	1.96
Northern General Hospital, Sheffield	S5 7AU	11,039	11,154	59	85	0.53	0.76
Northwick Park Hospital, Harrow	HA1 3UJ	7,239	7,108	53	64	0.73	0.90
Oldchurch Hospital, Romford	RM7 0BE	9,175	9,092	76	121	0.83	1.33
Pilgrim Hospital (District Hospital), Boston	PE219QS	6,125	6,171	11	21	0.18	0.34
Pinderfields Hospital, Wakefield	WF1 4DG	5,242	5,413	39	53	0.74	0.98
Poole Hospital	BH152JB	6,833	6,852	47	53	0.69	0.77
Prince Charles Hospital, Merthyr Tydfil	CF479DT	4,582	4,604	11	10	0.24	0.22

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Table 1 continued Deaths involving *C. Difficile* by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	*C. difficile* deaths, 2001–05	*C. difficile* deaths, 2002–06	Percentage of deaths involving *C. difficile*, 2001–05	Percentage of deaths involving *C. difficile*, 2002–06
Prince Philip Hospital, Llanelli	SA148QF	2,932	2,897	7	9	0.24	0.31
Princess Alexandra Hospital, Harlow	CM201QX	5,704	5,800	28	52	0.49	0.90
Princess of Wales Hospital, Bridgend	CF311RQ	4,828	4,928	26	49	0.54	0.99
Princess Royal Hospital, Telford	TF1 6TF	4,662	4,747	17	33	0.36	0.70
Princess Royal University Hospital, Farnborough	BR6 8ND	3,336	4,552	10	31	0.30	0.68
Queen Alexandra Hospital, Portsmouth	PO6 3LY	10,535	10,502	63	68	0.60	0.65
Queen Elizabeth Hospital, Edgbaston	B15 2TH	4,261	3,945	22	45	0.52	1.14
Queen Elizabeth Hospital, Gateshead	NE9 6SX	6,002	6,058	35	32	0.58	0.53
Queen Elizabeth Hospital, King's Lynn	PE304ET	6,431	6,582	76	108	1.18	1.64
Queen Elizabeth Hospital, Woolwich	SE184QH	6,050	6,268	46	80	0.76	1.28
Queen Elizabeth II Hospital, Welwyn Garden City	AL7 4HQ	4,457	4,360	47	75	1.05	1.72
Queen Elizabeth The Queen Mother Hospital, Margate	CT9 4AN	6,226	6,370	44	66	0.71	1.04
Queen Mary's Hospital, Sidcup	DA146LT	6,021	5,752	31	35	0.51	0.61
Queens Hospital, Burton upon Trent	DE130RB	5,665	5,720	50	122	0.88	2.13
Queens Medical Centre, Nottingham	NG7 2UH	11,314	11,392	60	93	0.53	0.82
Rotherham District General Hospital	S60 2UD	7,233	7,180	22	23	0.30	0.32
Royal Albert Edward Infirmary, Wigan	WN1 2NN	6,934	6,986	62	63	0.89	0.90
Royal Berkshire Hospital, Reading	RG1 5AN	6,268	6,817	30	54	0.48	0.79
Royal Blackburn Hospital	BB2 3HH	3,162	3,300	10	10	0.32	0.30
Royal Bournemouth Hospital	BH7 7DW	8,130	8,134	19	20	0.23	0.25
Royal Cornwall Hospital, Truro	TR1 3LJ	7,339	7,553	27	29	0.37	0.38
Royal Devon and Exeter Hospital, Wonford	EX2 5DW	6,586	6,727	82	87	1.25	1.29
Royal Free Hospital, Camden	NW3 2QG	5,865	5,764	30	39	0.51	0.68
Royal Glamorgan Hospital, Lantrisant	CF728XR	4,361	4,401	16	25	0.37	0.57
Royal Gwent Hospital, Newport	NP202UB	8,103	8,024	34	37	0.42	0.46
Royal Hallamshire Hospital, Sheffield	S10 2JF	5,004	4,841	40	43	0.80	0.89
Royal Hampshire County Hospital, Winchester	SO225DG	4,560	4,562	26	47	0.57	1.03
Royal Hospital, Chesterfield	S44 5BL	7,487	7,510	40	97	0.53	1.29
Royal Infirmary, Bradford	BD9 6RJ	5,819	6,029	9	13	0.15	0.22
Royal Infirmary, Doncaster	DN2 5LT	7,493	7,593	13	14	0.17	0.18
Royal Infirmary, Huddersfield	HD3 3EA	5,234	5,350	12	15	0.23	0.28
Royal Infirmary, Lancaster	LA1 4RP	4,472	4,584	10	21	0.22	0.46
Royal Infirmary, Leicester	LE1 5WW	11,409	11,672	110	203	0.96	1.74
Royal Infirmary, Manchester	M13 9WL	6,560	6,717	28	46	0.43	0.68
Royal Liverpool University Hospital	L7 8XP	8,988	8,801	49	60	0.55	0.68
Royal London Hospital, Whitechapel	E1 1BB	4,820	4,786	30	51	0.62	1.07
Royal Preston Hospital	PR2 9HT	6,688	6,752	23	35	0.34	0.52
Royal Shrewsbury Hospital	SY3 8XQ	5,487	5,445	12	16	0.22	0.29
Royal Surrey County Hospital, Guildford	GU2 7XX	5,516	5,582	43	82	0.78	1.47
Royal Sussex County Hospital, Brighton	BN2 5BE	6,788	7,053	43	71	0.63	1.01
Royal United Hospital, Bath	BA1 3QE	7,841	8,259	176	268	2.24	3.24
Royal Victoria Infirmary, Newcastle upon Tyne	NE1 4LP	5,018	4,892	22	40	0.44	0.82
Russells Hall Hospital, Dudley	DY1 2HQ	8,652	8,897	55	78	0.64	0.88
Salisbury District Hospital	SP2 8BJ	4,957	4,968	24	34	0.48	0.68
Sandwell General Hospital, West Bromwich	B71 4HJ	6,768	6,859	57	67	0.84	0.98
Scarborough Hospital	YO126QJ	3,897	3,972	2	3	0.05	0.08
Scunthorpe General Hospital	DN157BH	4,612	4,674	25	32	0.54	0.68
Selly Oak Hospital	B29 6JD	7,236	7,208	82	123	1.13	1.71
Singleton Hospital, Swansea	SA2 8QA	4,237	4,375	13	20	0.31	0.46
Solihull Hospital	B91 2JL	3,562	3,527	32	45	0.90	1.28
South Tyneside District Hospital, South Shields	NE340PL	4,592	4,571	67	74	1.46	1.62
Southend Hospital	SS0 0RY	10,582	10,607	44	69	0.42	0.65
Southmead Hospital, Bristol	BS105NB	4,924	4,690	68	100	1.38	2.13
St Christophers Hospice, Sydenham	SE266DZ	2,822	2,873	1	2	0.04	0.07
St Georges Hospital, Tooting	SW170QT	7,118	7,190	76	96	1.07	1.34
St Helier Hospital, Carshalton	SM5 1AA	6,296	6,099	74	91	1.18	1.49

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Table 1 continued Deaths involving *C. Difficile* by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	*C. difficile* deaths, 2001–05	*C. difficile* deaths, 2002–06	Percentage of deaths involving *C. difficile*, 2001–05	Percentage of deaths involving *C. difficile*, 2002–06
St James University Hospital, Leeds	LS9 7TF	7,714	7,781	28	45	0.36	0.58
St Marys Hospital, Newport, Isle of Wight	PO305TG	4,139	4,206	40	39	0.97	0.93
St Marys Hospital, Portsmouth	PO3 6AD	3,282	3,283	31	43	0.94	1.31
St Marys Hospital, Westminster	W2 1NY	4,304	4,100	39	61	0.91	1.49
St Peters Hospital, Chertsey	KT160PZ	5,121	5,666	39	81	0.76	1.43
St Richards Hospital, Chichester	PO196SE	5,440	5,504	35	48	0.64	0.87
St Thomas's Hospital, Lambeth	SE1 7EH	5,967	5,661	27	34	0.45	0.60
Staffordshire General Hospital, Stafford	ST163SA	5,038	5,251	19	67	0.38	1.28
Stepping Hill Hospital, Stockport	SK2 7JE	7,607	7,550	69	90	0.91	1.19
Stoke Mandeville Hospital, Aylesbury	HP218AL	3,746	3,686	82	101	2.19	2.74
Sunderland Royal Hospital	SR4 7TP	10,079	10,065	134	152	1.33	1.51
Tameside General Hospital, Ashton under Lyne	OL6 9RW	7,405	7,372	6	17	0.08	0.23
The Calderdale Royal Hospital, Halifax	HX3 0PW	4,727	4,858	11	16	0.23	0.33
The General Hospital, Cheltenham	GL537AN	5,137	5,282	60	98	1.17	1.86
The General Infirmary, Pontefract	WF8 1PL	4,638	4,406	14	27	0.30	0.61
The Great Western Hospital, Swindon	SN3 1LU	3,813	5,265	38	76	1.00	1.44
The Infirmary, Rochdale	OL120NB	3,256	3,536	6	12	0.18	0.34
The North Hampshire Hospital, Basingstoke	RG249NA	3,914	3,857	31	35	0.79	0.91
The Princess Royal Hospital, Haywards Heath	RH164EX	3,079	2,952	18	24	0.58	0.81
The Royal Bolton Hospital, Farnworth	BL4 0JR	9,942	10,109	35	55	0.35	0.54
The Royal Oldham Hospital	OL1 2JH	6,990	7,022	13	21	0.19	0.30
Torbay Hospital, Torquay	TQ2 7AA	6,434	6,467	16	39	0.25	0.60
Trafford General Hospital, Manchester	M41 5SL	3,727	3,560	24	34	0.64	0.96
University Hospital Aintree	L9 7AL	9,923	9,797	48	64	0.48	0.65
University Hospital Lewisham	SE136LH	6,399	6,295	49	49	0.77	0.78
University Hospital of Hartlepool	TS249AH	3,768	3,792	18	26	0.48	0.69
University Hospital of North Durham	DH1 5TW	5,868	5,823	23	36	0.39	0.62
University Hospital of North Tees, Stockton on Tees	TS198PE	4,976	5,061	9	18	0.18	0.36
University Hospital of Wales, Cardiff	CF144XW	8,994	8,800	39	42	0.43	0.48
Victoria Hospital, Blackpool	FY3 8NR	9,957	9,923	44	78	0.44	0.79
Walsgrave Hospital, Coventry	CV2 2DX	10,966	10,917	143	232	1.30	2.13
Wansbeck General Hospital, Ashington	NE639JJ	5,215	5,303	40	45	0.77	0.85
Warwick Hospital	CV345BW	5,060	5,075	72	104	1.42	2.05
Watford General Hospital	WD180HB	5,029	5,049	39	81	0.78	1.60
West Cumberland Hospital, Whitehaven	CA288JG	3,211	3,225	7	8	0.22	0.25
West Middlesex Hospital, Isleworth	TW7 6AF	4,835	4,857	66	107	1.37	2.20
West Suffolk Hospital, Bury St Edmunds	IP332QZ	5,720	5,678	80	74	1.40	1.30
West Wales General Hospital, Carmarthen	SA312AF	3,320	3,412	8	12	0.24	0.35
Wexham Park Hospital, Slough	SL2 4HL	6,008	5,861	46	66	0.77	1.13
Whipps Cross University Hospital, Leytonstone	E11 1NR	9,073	8,904	101	140	1.11	1.57
Whiston Hospital	L35 5DR	8,548	8,396	65	64	0.76	0.76
Whittington Hospital, St Mary's Wing, Archway	N19 3UA	4,099	3,895	21	33	0.51	0.85
William Harvey Hospital, Ashford	TN240LZ	6,190	6,198	50	64	0.81	1.03
Withybush General Hospital, Haverfordwest	SA612PZ	3,176	3,178	11	16	0.35	0.50
Worcestershire Royal Hospital, Worcester	WR5 1DD	6,184	7,378	55	118	0.89	1.60
Worthing Hospital	BN112DH	7,125	7,079	55	80	0.77	1.13
Wycombe General Hospital, High Wycombe	HP112TT	4,373	4,313	33	44	0.75	1.02
Wythenshawe Hospital, Manchester	M23 9LT	7,409	7,684	41	56	0.55	0.73
Yeovil District Hospital	BA214AT	3,763	3,890	59	97	1.57	2.49
York Hospital	YO318HE	7,123	7,086	15	20	0.21	0.28
Ysbyty Glan Clwyd, Bodelwyddan	LL185UJ	5,858	5,936	13	10	0.22	0.17
Ysbyty Gwynedd, Bangor	LL572PW	4,769	4,847	11	11	0.23	0.23
Listed communal establishments		1,298,060	1,310,198	8,549	13,185	0.66	1.01
Other communal establishments		796,144	760,596	1,771	2,358	0.22	0.31
Own home		482,792	478,915	76	117	0.02	0.02
Elsewhere		57,252	54,640	20	23	0.03	0.04
Total deaths		2,634,248	2,604,349	10,416	15,683	0.40	0.60

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Table 2 Deaths involving MRSA by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	MRSA deaths, 2001–05	MRSA deaths, 2002–06	Percentage of deaths involving MRSA, 2001–05	Percentage of deaths involving MRSA, 2002–06
Addenbrookes Hospital, Cambridge	CB2 0QQ	8,209	8,104	65	68	0.79	0.84
Airedale General Hospital, Keighley	BD206TD	4,105	4,105	9	6	0.22	0.15
Alexandra Hospital, Redditch	B98 7UB	4,141	4,178	22	25	0.53	0.60
Arrowe Park Hospital, Birkenhead	CH495PE	9,548	9,653	27	39	0.28	0.40
Ashford Hospital, Staines	TW153AA	3,297	2,703	21	18	0.64	0.67
Barnet General Hospital	EN5 3DJ	6,859	6,788	12	17	0.17	0.25
Barnsley District General Hospital	S75 2EP	5,602	5,780	11	14	0.20	0.24
Basildon Hospital	SS165NL	8,413	9,052	9	11	0.11	0.12
Bassetlaw District General Hospital, Worksop	S81 0BD	3,286	3,342	8	8	0.24	0.24
Bedford Hospital (South Wing)	MK429DJ	5,264	5,350	17	22	0.32	0.41
Birmingham Heartlands Hospital	B9 5SS	9,803	9,947	64	66	0.65	0.66
Blackburn Royal Infirmary	BB2 3LR	3,394	3,204	3	2	0.09	0.06
Bristol Royal Infirmary	BS2 8HW	6,260	6,246	43	51	0.69	0.82
Broomfield Hospital	CM1 7ET	6,935	6,956	27	25	0.39	0.36
Burnley General Hospital	BB102PQ	5,852	6,034	11	11	0.19	0.18
Castle Hill Hospital, Haltemprice	HU165JQ	4,153	4,165	23	23	0.55	0.55
Central Middlesex Hospital, Park Royal	NW107NS	2,979	2,779	10	8	0.34	0.29
Charing Cross Hospital, Fulham	W6 8RF	4,850	4,590	20	23	0.41	0.50
Chase Farm Hospital, Enfield	EN2 8JL	6,277	6,122	27	42	0.43	0.69
Chelsea & Westminster Hospital	SW109NH	3,268	3,171	14	11	0.43	0.35
Chorley and South Ribble District Hospital	PR7 1PP	3,580	3,566	10	10	0.28	0.28
City General Hospital, Stoke on Trent	ST4 6QG	11,121	11,079	42	49	0.38	0.44
City Hospital, Nottingham	NG5 1PB	9,364	9,351	40	42	0.43	0.45
City Hospital, Winson Green	B18 7QH	6,438	6,292	41	36	0.64	0.57
Colchester General Hospital	CO4 5JL	8,654	8,900	10	20	0.12	0.22
Conquest Hospital, St Leonards-on-Sea	TN377RD	5,915	6,000	39	43	0.66	0.72
Countess of Chester Hospital, Chester	CH2 1UL	5,750	6,001	17	25	0.30	0.42
County Hospital, Hereford	HR1 2ER	3,440	3,683	8	15	0.23	0.41
County Hospital, Lincoln	LN2 5QY	6,900	7,028	21	21	0.30	0.30
Cumberland Infirmary, Carlisle	CA2 7HY	4,490	4,447	14	17	0.31	0.38
Darent Valley Hospital, Dartford	DA2 8AA	5,873	5,892	8	12	0.14	0.20
Derby City General Hospital	DE223NE	3,550	3,541	11	16	0.31	0.45
Derbyshire Royal Infirmary, Derby	DE1 2QY	8,411	8,528	16	18	0.19	0.21
Derriford Hospital, Plymouth	PL6 8DH	9,552	9,717	79	94	0.83	0.97
Dewsbury & District Hospital	WF134HS	4,626	4,514	17	16	0.37	0.35
Diana Princess Of Wales Hospital, Grimsby	DN332BA	4,878	5,021	15	15	0.31	0.30
District General Hospital, Southport	PR8 6PN	4,262	4,550	6	11	0.14	0.24
District Hospital, Peterborough	PE3 6DA	5,357	5,454	6	5	0.11	0.09
Dorset County Hospital, Dorchester	DT1 1TP	4,453	4,548	9	10	0.20	0.22
Ealing Hospital, Southall	UB1 3HW	4,432	4,397	18	27	0.41	0.61
East Surrey Hospital, Redhill	RH1 5RH	5,734	6,211	21	29	0.37	0.47
Eastbourne District General Hospital	BN212UD	6,730	6,691	20	29	0.30	0.43
Epsom General Hospital	KT187EG	4,503	4,501	6	9	0.13	0.20
Fairfield General Hospital, Bury	BL9 7TD	4,621	5,140	12	15	0.26	0.29
Freeman Hospital, Newcastle upon Tyne	NE7 7DN	4,879	4,762	43	47	0.88	0.99
Frenchay Hospital, Bristol	BS161LE	6,481	6,799	16	23	0.25	0.34
Frimley Park Hospital	GU167UJ	6,661	6,653	21	24	0.32	0.36
Furness General Hospital, Barrow-in-Furness	LA144LF	3,334	3,374	19	20	0.57	0.59
General Hospital, Bishop Auckland	DL146AD	2,974	2,990	10	11	0.34	0.37
General Hospital, Kettering	NN168UZ	6,743	6,972	15	22	0.22	0.32
General Hospital, Leicester	LE5 4PW	5,845	5,714	18	18	0.31	0.32
General Hospital, Milton Keynes	MK6 5LD	4,601	4,667	8	12	0.17	0.26
General Hospital, Northampton	NN1 5BD	6,623	6,786	24	32	0.36	0.47
General Hospital, Southampton	SO166YD	10,605	10,810	52	64	0.49	0.59
General Hospital, Weston Super Mare	BS234TQ	4,290	4,366	26	23	0.61	0.53
General Infirmary, Leeds	LS1 3EX	9,172	8,943	64	70	0.70	0.78

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Table 2 continued Deaths involving MRSA by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	MRSA deaths, 2001–05	MRSA deaths, 2002–06	Percentage of deaths involving MRSA, 2001–05	Percentage of deaths involving MRSA, 2002–06
George Eliot Hospital, Nuneaton	CV107DJ	6,209	6,486	17	18	0.27	0.28
Glenfield Hospital Trust, Leicester	LE3 9QP	4,352	4,263	19	19	0.44	0.45
Gloucestershire Royal Hospital, Gloucester	GL1 3NN	6,693	6,803	5	11	0.07	0.16
Good Hope Hospital, Sutton Coldfield	B75 7RR	7,730	7,907	17	25	0.22	0.32
Hammersmith Hospital	W12 0HS	2,682	2,732	4	5	0.15	0.18
Harrogate District Hospital	HG2 7SX	4,032	3,951	17	25	0.42	0.63
Hemel Hempstead General Hospital	HP2 4AD	4,873	4,931	20	17	0.41	0.34
Hillingdon Hospital	UB8 3NN	5,506	5,388	17	20	0.31	0.37
Hinchingbrooke Hospital, Huntingdon	PE296NT	3,602	3,526	13	22	0.36	0.62
Homerton University Hospital, Hackney	E9 6SR	3,283	3,292	4	6	0.12	0.18
Hope Hospital, Salford	M6 8HD	7,564	7,552	28	27	0.37	0.36
Horton General Hospital, Banbury	OX169AL	2,572	2,726	4	7	0.16	0.26
Hull Royal Infirmary	HU3 2JZ	9,355	9,528	31	38	0.33	0.40
Ipswich Hospital NHS Trust	IP4 5PD	8,523	8,567	48	49	0.56	0.57
James Cook University Hospital, Middlesbrough	TS4 3BW	8,022	8,464	10	9	0.12	0.11
James Paget Hospital, Gorleston	NR316LA	6,182	6,265	18	24	0.29	0.38
John Radcliffe Hospital, Oxford	OX3 9DU	7,351	7,608	22	30	0.30	0.39
Kent & Canterbury Hospital	CT1 3NG	5,679	5,645	20	17	0.35	0.30
Kent & Sussex Hospital, Tunbridge Wells	TN4 8AT	3,673	3,762	13	15	0.35	0.40
King George Hospital, Ilford	IG3 8YB	6,088	6,057	14	16	0.23	0.26
King's College Hospital, Denmark Hill	SE5 9RS	6,884	6,946	32	40	0.46	0.58
Kings Mill Hospital, Sutton-in-Ashfield	NG174JL	6,911	6,963	18	23	0.26	0.33
Kingston Hospital	KT2 7QB	7,407	7,345	21	29	0.28	0.39
Leighton Hospital, Crewe	CW1 4QJ	6,307	6,364	28	33	0.44	0.52
Lister Hospital, Stevenage	SG1 4AB	5,879	5,949	21	38	0.36	0.64
Llandough Hospital, Penarth	CF642XX	3,853	3,791	5	6	0.13	0.16
Luton and Dunstable Hospital	LU4 0DZ	7,257	7,225	17	15	0.23	0.21
Macclesfield District General Hospital	SK103BL	4,113	4,112	5	10	0.12	0.24
Maelor Hospital, Wrexham	LL137TD	5,820	5,855	56	79	0.96	1.35
Maidstone Hospital	ME169QQ	5,006	5,058	24	25	0.48	0.49
Manor Hospital, Walsall	WS2 9PS	7,061	7,206	27	39	0.38	0.54
Mayday Hospital, Croydon	CR7 7YE	7,205	7,249	5	15	0.07	0.21
Medway Maritime Hospital, Gillingham	ME7 5NY	7,962	8,042	28	38	0.35	0.47
Memorial Hospital, Darlington	DL3 6HX	3,958	4,024	9	8	0.23	0.20
Morriston Hospital, Swansea	SA6 6NL	6,191	6,048	42	41	0.68	0.68
Musgrove Park Hospital, Taunton	TA1 5DA	6,276	6,313	68	77	1.08	1.22
Nevill Hall Hospital, Abergavenny	NP7 7EG	4,170	4,159	11	10	0.26	0.24
New Cross Hospital, Wolverhampton	WV100QP	9,875	10,221	29	40	0.29	0.39
Newcastle General Hospital, Newcastle upon Tyne	NE4 6BE	3,348	3,274	6	9	0.18	0.27
Newham University Hospital	E13 8SL	3,911	3,814	8	9	0.20	0.24
Norfolk and Norwich University Hospital	NR4 7UZ	11,624	11,969	45	65	0.39	0.54
North Cheshire Hospitals NHS Trust, Warrington	WA5 1QG	5,803	6,037	4	4	0.07	0.07
North Devon District Hospital, Barnstaple	EX314JB	3,509	3,438	15	20	0.43	0.58
North Manchester General Hospital	M8 5RB	6,977	6,979	23	35	0.33	0.50
North Middlesex Hospital, Edmonton	N18 1QX	5,428	5,394	25	29	0.46	0.54
North Stafford Royal Infirmary	ST4 7LN	3,875	3,925	14	19	0.36	0.48
North Tyneside General Hospital, North Shields	NE298NH	5,625	5,706	31	41	0.55	0.72
Northern General Hospital, Sheffield	S5 7AU	11,039	11,154	17	18	0.15	0.16
Northwick Park Hospital, Harrow	HA1 3UJ	7,239	7,108	18	25	0.25	0.35
Oldchurch Hospital, Romford	RM7 0BE	9,175	9,092	7	9	0.08	0.10
Pilgrim Hospital (District Hospital), Boston	PE219QS	6,125	6,171	22	22	0.36	0.36
Pinderfields Hospital, Wakefield	WF1 4DG	5,242	5,413	26	33	0.50	0.61
Poole Hospital	BH152JB	6,833	6,852	30	38	0.44	0.55
Prince Charles Hospital, Merthyr Tydfil	CF479DT	4,582	4,604	16	15	0.35	0.33
Prince Philip Hospital, Llanelli	SA148QF	2,932	2,897	3	5	0.10	0.17

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Table 2 continued Deaths involving MRSA by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	MRSA deaths, 2001–05	MRSA deaths, 2002–06	Percentage of deaths involving MRSA, 2001–05	Percentage of deaths involving MRSA, 2002–06
Princess Alexandra Hospital, Harlow	CM201QX	5,704	5,800	13	18	0.23	0.31
Princess of Wales Hospital, Bridgend	CF311RQ	4,828	4,928	20	23	0.41	0.47
Princess Royal Hospital, Telford	TF1 6TF	4,662	4,747	6	7	0.13	0.15
Princess Royal University Hospital, Farnborough	BR6 8ND	3,336	4,552	6	7	0.18	0.15
Queen Alexandra Hospital, Portsmouth	PO6 3LY	10,535	10,502	72	81	0.68	0.77
Queen Elizabeth Hospital, Edgbaston	B15 2TH	4,261	3,945	28	27	0.66	0.68
Queen Elizabeth Hospital, Gateshead	NE9 6SX	6,002	6,058	18	21	0.30	0.35
Queen Elizabeth Hospital, King's Lynn	PE304ET	6,431	6,582	27	24	0.42	0.36
Queen Elizabeth Hospital, Woolwich	SE184QH	6,050	6,268	9	10	0.15	0.16
Queen Elizabeth II Hospital, Welwyn Garden City	AL7 4HQ	4,457	4,360	17	25	0.38	0.57
Queen Elizabeth The Queen Mother Hospital, Margate	CT9 4AN	6,226	6,370	9	2	0.14	0.03
Queen Mary's Hospital, Sidcup	DA146LT	6,021	5,752	7	8	0.12	0.14
Queens Hospital, Burton upon Trent	DE130RB	5,665	5,720	30	33	0.53	0.58
Queens Medical Centre, Nottingham	NG7 2UH	11,314	11,392	30	38	0.27	0.33
Rotherham District General Hospital	S60 2UD	7,233	7,180	11	10	0.15	0.14
Royal Albert Edward Infirmary, Wigan	WN1 2NN	6,934	6,986	11	10	0.16	0.14
Royal Berkshire Hospital, Reading	RG1 5AN	6,268	6,817	31	31	0.49	0.45
Royal Blackburn Hospital	BB2 3HH	3,162	3,300	3	3	0.09	0.09
Royal Bournemouth Hospital	BH7 7DW	8,130	8,134	18	20	0.22	0.25
Royal Cornwall Hospital, Truro	TR1 3LJ	7,339	7,553	29	31	0.40	0.41
Royal Devon and Exeter Hospital, Wonford	EX2 5DW	6,586	6,727	33	27	0.50	0.40
Royal Free Hospital, Camden	NW3 2QG	5,865	5,764	28	30	0.48	0.52
Royal Glamorgan Hospital, Lantrisant	CF728XR	4,361	4,401	9	14	0.21	0.32
Royal Gwent Hospital, Newport	NP202UB	8,103	8,024	15	16	0.19	0.20
Royal Hallamshire Hospital, Sheffield	S10 2JF	5,004	4,841	12	14	0.24	0.29
Royal Hampshire County Hospital, Winchester	SO225DG	4,560	4,562	12	18	0.26	0.39
Royal Hospital, Chesterfield	S44 5BL	7,487	7,510	14	26	0.19	0.35
Royal Infirmary, Bradford	BD9 6RJ	5,819	6,029	19	25	0.33	0.41
Royal Infirmary, Doncaster	DN2 5LT	7,493	7,593	13	20	0.17	0.26
Royal Infirmary, Huddersfield	HD3 3EA	5,234	5,350	9	9	0.17	0.17
Royal Infirmary, Lancaster	LA1 4RP	4,472	4,584	6	9	0.13	0.20
Royal Infirmary, Leicester	LE1 5WW	11,409	11,672	21	24	0.18	0.21
Royal Infirmary, Manchester	M13 9WL	6,560	6,717	18	28	0.27	0.42
Royal Liverpool University Hospital	L7 8XP	8,988	8,801	18	21	0.20	0.24
Royal London Hospital, Whitechapel	E1 1BB	4,820	4,786	14	21	0.29	0.44
Royal Preston Hospital	PR2 9HT	6,688	6,752	18	21	0.27	0.31
Royal Shrewsbury Hospital	SY3 8XQ	5,487	5,445	7	11	0.13	0.20
Royal Surrey County Hospital, Guildford	GU2 7XX	5,516	5,582	14	17	0.25	0.30
Royal Sussex County Hospital, Brighton	BN2 5BE	6,788	7,053	46	75	0.68	1.06
Royal United Hospital, Bath	BA1 3QE	7,841	8,259	25	38	0.32	0.46
Royal Victoria Infirmary, Newcastle upon Tyne	NE1 4LP	5,018	4,892	15	18	0.30	0.37
Russells Hall Hospital, Dudley	DY1 2HQ	8,652	8,897	14	22	0.16	0.25
Salisbury District Hospital	SP2 8BJ	4,957	4,968	15	23	0.30	0.46
Sandwell General Hospital, West Bromwich	B71 4HJ	6,768	6,859	12	15	0.18	0.22
Scarborough Hospital	YO126QJ	3,897	3,972	9	8	0.23	0.20
Scunthorpe General Hospital	DN157BH	4,612	4,674	7	12	0.15	0.26
Selly Oak Hospital	B29 6JD	7,236	7,208	31	34	0.43	0.47
Singleton Hospital, Swansea	SA2 8QA	4,237	4,375	13	15	0.31	0.34
Solihull Hospital	B91 2JL	3,562	3,527	15	19	0.42	0.54
South Tyneside District Hospital, South Shields	NE340PL	4,592	4,571	16	16	0.35	0.35
Southend Hospital	SS0 0RY	10,582	10,607	12	13	0.11	0.12
Southmead Hospital, Bristol	BS105NB	4,924	4,690	34	37	0.69	0.79
St Christophers Hospice, Sydenham	SE266DZ	2,822	2,873	2	3	0.07	0.10
St Georges Hospital, Tooting	SW170QT	7,118	7,190	20	27	0.28	0.38
St Helier Hospital, Carshalton	SM5 1AA	6,296	6,099	20	18	0.32	0.30
St James University Hospital, Leeds	LS9 7TF	7,714	7,781	41	44	0.53	0.57
St Marys Hospital, Newport, Isle of Wight	PO305TG	4,139	4,206	8	9	0.19	0.21

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Table 2 continued Deaths involving MRSA by communal establishment[1]

England and Wales

Name	Postcode	Total deaths, 2001–05	Total deaths, 2002–06	MRSA deaths, 2001–05	MRSA deaths, 2002–06	Percentage of deaths involving MRSA, 2001–05	Percentage of deaths involving MRSA, 2002–06
St Marys Hospital, Portsmouth	PO3 6AD	3,282	3,283	28	33	0.85	1.01
St Marys Hospital, Westminster	W2 1NY	4,304	4,100	32	32	0.74	0.78
St Peters Hospital, Chertsey	KT160PZ	5,121	5,666	34	50	0.66	0.88
St Richards Hospital, Chichester	PO196SE	5,440	5,504	7	6	0.13	0.11
St Thomas's Hospital, Lambeth	SE1 7EH	5,967	5,661	58	50	0.97	0.88
Staffordshire General Hospital, Stafford	ST163SA	5,038	5,251	11	18	0.22	0.34
Stepping Hill Hospital, Stockport	SK2 7JE	7,607	7,550	16	20	0.21	0.26
Stoke Mandeville Hospital, Aylesbury	HP218AL	3,746	3,686	14	16	0.37	0.43
Sunderland Royal Hospital	SR4 7TP	10,079	10,065	52	58	0.52	0.58
Tameside General Hospital, Ashton under Lyne	OL6 9RW	7,405	7,372	17	21	0.23	0.28
The Calderdale Royal Hospital, Halifax	HX3 0PW	4,727	4,858	8	12	0.17	0.25
The General Hospital, Cheltenham	GL537AN	5,137	5,282	6	7	0.12	0.13
The General Infirmary, Pontefract	WF8 1PL	4,638	4,406	20	24	0.43	0.54
The Great Western Hospital, Swindon	SN3 1LU	3,813	5,265	17	23	0.45	0.44
The Infirmary, Rochdale	OL120NB	3,256	3,536	17	19	0.52	0.54
The North Hampshire Hospital, Basingstoke	RG249NA	3,914	3,857	11	11	0.28	0.29
The Princess Royal Hospital, Haywards Heath	RH164EX	3,079	2,952	19	20	0.62	0.68
The Royal Bolton Hospital, Farnworth	BL4 0JR	9,942	10,109	7	11	0.07	0.11
The Royal Oldham Hospital	OL1 2JH	6,990	7,022	21	29	0.30	0.41
Torbay Hospital, Torquay	TQ2 7AA	6,434	6,467	24	30	0.37	0.46
Trafford General Hospital, Manchester	M41 5SL	3,727	3,560	10	14	0.27	0.39
University Hospital Aintree	L9 7AL	9,923	9,797	27	36	0.27	0.37
University Hospital Lewisham	SE136LH	6,399	6,295	15	17	0.23	0.27
University Hospital of Hartlepool	TS249AH	3,768	3,792	2	3	0.05	0.08
University Hospital of North Durham	DH1 5TW	5,868	5,823	8	14	0.14	0.24
University Hospital of North Tees, Stockton on Tees	TS198PE	4,976	5,061	3	3	0.06	0.06
University Hospital of Wales, Cardiff	CF144XW	8,994	8,800	40	41	0.44	0.47
Victoria Hospital, Blackpool	FY3 8NR	9,957	9,923	26	31	0.26	0.31
Walsgrave Hospital, Coventry	CV2 2DX	10,966	10,917	23	24	0.21	0.22
Wansbeck General Hospital, Ashington	NE639JJ	5,215	5,303	20	25	0.38	0.47
Warwick Hospital	CV345BW	5,060	5,075	16	18	0.32	0.35
Watford General Hospital	WD180HB	5,029	5,049	17	20	0.34	0.40
West Cumberland Hospital, Whitehaven	CA288JG	3,211	3,225	2	3	0.06	0.09
West Middlesex Hospital, Isleworth	TW7 6AF	4,835	4,857	25	34	0.52	0.70
West Suffolk Hospital, Bury St Edmunds	IP332QZ	5,720	5,678	26	34	0.45	0.60
West Wales General Hospital, Carmarthen	SA312AF	3,320	3,412	12	13	0.36	0.38
Wexham Park Hospital, Slough	SL2 4HL	6,008	5,861	15	15	0.25	0.26
Whipps Cross University Hospital, Leytonstone	E11 1NR	9,073	8,904	19	20	0.21	0.22
Whiston Hospital	L35 5DR	8,548	8,396	19	20	0.22	0.24
Whittington Hospital, St Mary's Wing, Archway	N19 3UA	4,099	3,895	20	22	0.49	0.56
William Harvey Hospital, Ashford	TN240LZ	6,190	6,198	23	25	0.37	0.40
Withybush General Hospital, Haverfordwest	SA612PZ	3,176	3,178	2	3	0.06	0.09
Worcestershire Royal Hospital, Worcester	WR5 1DD	6,184	7,378	25	32	0.40	0.43
Worthing Hospital	BN112DH	7,125	7,079	18	21	0.25	0.30
Wycombe General Hospital, High Wycombe	HP112TT	4,373	4,313	30	30	0.69	0.70
Wythenshawe Hospital, Manchester	M23 9LT	7,409	7,684	7	12	0.09	0.16
Yeovil District Hospital	BA214AT	3,763	3,890	14	22	0.37	0.57
York Hospital	YO318HE	7,123	7,086	9	12	0.13	0.17
Ysbyty Glan Clwyd, Bodelwyddan	LL185UJ	5,858	5,936	3	8	0.05	0.13
Ysbyty Gwynedd, Bangor	LL572PW	4,769	4,847	23	18	0.48	0.37
Listed communal establishments		1,298,060	1,310,198	4,290	5,108	0.33	0.39
Other communal establishments		796,144	760,596	898	988	0.11	0.13
Own home		482,792	478,915	77	89	0.02	0.02
Elsewhere		57,252	54,640	15	16	0.03	0.03
Total deaths		2,634,248	2,604,349	5,280	6,201	0.20	0.24

1 Institutions with at least 2,500 deaths from all causes in both 2001–05 and 2002–06.

Other population and health articles, publications and data

Population Trends 132

Publication June 2008

Planned articles:
- Centenarians
- An evaluation of the 2007 Census Test in England and Wales
- Age differences at marriage and divorce

Reports:
- Marriages abroad
- Marriages in England and Wales, 2006
- Mid-2006 marital status estimates for England and Wales

Annual updates
- Marriage, divorce and adoptions in 2005

Health Statistics Quarterly 39

Publication August 2008

Planned articles:
- Birthweight and gestational age by ethnic group, England and Wales, 2005: introducing new data on births
- Geographical variations in deaths related to drug misuse in England and Wales, 1993–2006
- An analysis of mortality differences between rural and urban areas in England and Wales, 2002–04, including adjustment for deprivation

Reports:
- Deaths involving *Clostridium difficile*: England and Wales, 2003-07
- Deaths involving MRSA: England and Wales, 2003-07
- Unexplained deaths in infancy, 2006

Recent Publications

Cancer statistics registrations 2005 (MB1 no.36) (March, available on the National Statistics website at www.statistics.gov.uk/statbase/product.asp?vlnk=8843)
International migration 2006, (MN no.33) (May, available on the National Statistics website at www.statistics.gov.uk/statbase/product.asp?vlnk=507)
Key Population and Vital Statistics 2006 data (Palgrave Macmillan, £49.50, April, ISBN 978–0–230–54562–5)
Marriage, divorce and adoption statistics 2005, (FM2 no.33) (March, available on the National Statistics website at www.statistics.gov.uk/statbase/product.asp?vlnk=581)
Marriages in 2006 (March, available on the National Statistics website at www.statistics.gov.uk/statbase/product.asp?vlnk=14275)
Mortality statistics: deaths registered in 2006 (DR 06) (March, available on the National Statistics website at www.statistics.gov.uk/statbase/product.asp?vlnk=15096)
National Statistician's annual article on society: diversity and different experiences in the UK (April, available on the National Statistics website at www.statistics.gov.uk/CCI/article.asp?ID=1976)
Population Trends 131 (Palgrave Macmillan, £32.50, March, ISBN 978-0-230-20573-4)
Regional Trends 2008 (Palgrave Macmillan, £45, May, ISBN 978-1-4039-9386-1)
Social Trends 2008 (Palgrave Macmillan, £49.50, April, ISBN 978-0-230-54564-9)
All of the above Palgrave Macmillan-published titles can be ordered on 01256 302611 or online at www.palgrave.com/ons. All publications listed can be downloaded free of charge from the National Statistics website.

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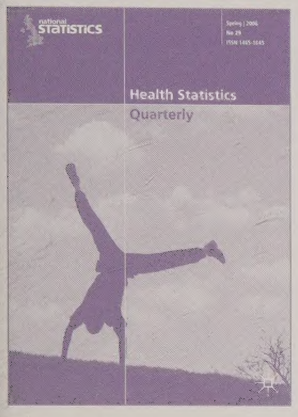

The latest trends in the UK population's health are covered in *Health Statistics Quarterly*. It presents current information in an easy-to-read format, beginning with an overview of the latest news and a review of related publications for release.

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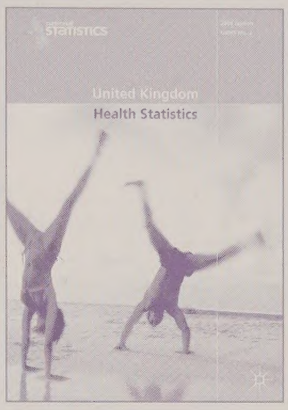

This rare compendia offers detailed health data from across the UK. With statistics ranging from trends in cigarette smoking, road accident casualties and pollution, it offers a valuable opportunity to breakdown nationwide data on health and the environment into comparable figures for England, Wales, Scotland and Northern Ireland.

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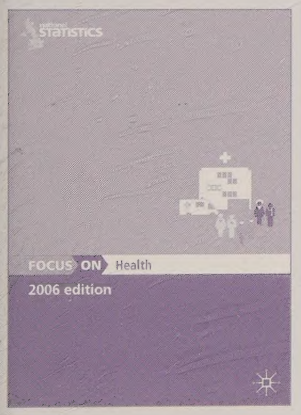
Focus on Health



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2006
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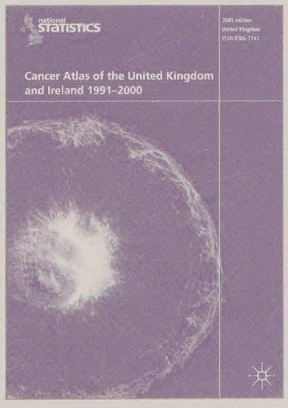
Cancer Atlas of the United Kingdom and Ireland 1991-2000



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